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AJ Metthe  
“Resisting disconnection”: An  
Exploratory Study of Transgender  
Adults’ Experiences of Community  
Support and Resilience

## **ABSTRACT**

This qualitative study collected narrative data from transgender adults about their experiences of community support from other transgender individuals and about their experience of their own resilience. Due to previous research findings about the marginalization of transgender populations, particular attention was paid to narrative data that explicitly suggest structural oppression. Narrative data were collected from two samples drawn from adult transgender populations. One sample (N=12) participated in hour-long semi-structured individual interviews (Interview Sample [IS]). Another sample (N=4) participated in a Focus Group [FGS]) conducted at a transgender conference in the northeast.

The major findings that emerged from participants’ reports of their experiences of community support from other transgender individuals included: connecting online and investing in community knowledge & alternative economies. The experience of reciprocity or mutuality emerged as a key finding from the IS participants’ reports of their own resilience. An important theme that emerged from the FGS was the importance of everyday transgender role models. Overall, this research suggests transgender individuals experience an association between their own resilience and the support of other members of the trans community. One divergent—though salient—theme from the data is that the transgender community may perpetuate the “trans enough” narrative.

**“RESISTING DISCONNECTION”: AN EXPLORATORY STUDY OF TRANSGENDER  
ADULTS’ EXPERIENCES OF COMMUNITY SUPPORT AND RESILIENCE**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

AJ Metthe

Smith College School for Social Work  
Northampton, Massachusetts 01063

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## **CHAPTER I**

### **Introduction**

Transgender visibility in the United States has significantly increased in the past few years. Transgender individuals and communities are now seen and recognized by the general public and the clandestine days of hiding one's gender identity are not as common as they once were. Transgender individuals across lines of race, ethnicity, socioeconomic status, religion and other various demographics are coming out in the public eye. In 2015, President Obama became the first sitting President to pay acknowledgement to transgender Americans in his State of the Union address in January of that year (Jaffe, 2015).

In the last decade, a growing number of social work, mental health, and public health studies have explored the marginalization and structural oppression faced by the transgender population in the United States (Bradford et al., 2013; Budge et al., 2013; Clements-Noelle et al., 2006; Grant et al., 2011; Perez-Brumer et al., 2015; Xavier et al., 2012). Only a few studies have examined the role of community support from other transgender individuals (Breslow et al., 2015; Budge et al., 2013; Lev et al., 2007; Pflum et al., 2015) and a limited number of studies have documented transgender individuals' experience of their own resilience (Breslow et al., 2015; Grossman et al., 2011; Pflum et al., 2015; Singh et al., 2011; Singh & McKleroy, 2011; Testa et al., 2014).

This exploratory research focuses on the experiences of transgender adults living in the United States. The purpose of this study was to collect narrative data from transgender adults

about their experience of community support from other transgender individuals and about their experience of their own resilience. In addition, due to previous research findings about this population's marginalization, particular attention was paid to narrative data that explicitly suggest structural oppression.

For the purposes of this study, the term *transgender* is a broad and inclusive noun to describe individuals who feels that their assigned sex at birth is an inaccurate description of their gender identity or expression and includes people who self-identify as trans, transsexual, male-to-female (MTF) spectrum, female-to-male (FTM) spectrum, gender nonconforming, genderqueer, or non-binary.

*Trans* is an abbreviation for transgender and is often used as shorthand. *Transsexual* is a term that refers to a person who has undergone some form of medical intervention, i.e. hormones and/or surgical interventions, to transition from male-to-female or female-to-male. *MTF spectrum* is a term used to describe a person who was assigned a male sex at birth but who now identifies as female, lives as a woman, or primarily identifies as feminine. *FTM spectrum* is a term used to describe a person who was assigned a female sex at birth but who now identifies as male, lives as a man, or primarily identifies as masculine. *Gender nonconforming*, *genderqueer*, and *non-binary* are terms used by people who define their gender identity or expression as neither male nor female, but rather something in between two genders, a combination of genders, or a complete rejection of the gender binary construct. Some individuals may self-identify as one or more of the terms included under the broad definition of transgender (Teich, 2012).

The history of the development of the lesbian, gay, bisexual, and transgender (LGBT) community as a distinct social identity group is important to note. Although some LGBT people found each other through social clubs and organizations during the first half of the 20<sup>th</sup> century,



the Stonewall Riots of 1969 are often viewed as the historical marker of the modern-day LGBT liberation movement. Since the Stonewall riots of 1969, a heightened awareness of the social oppression of LGBT persons has led researchers to study the LGBT community as a distinct social identity group. Much of the social science and clinical research on components of the LGBT community to date has focused on negative risk factors, such as discrimination, social stigma, and overall disenfranchisement within the LGBT population as a whole (Institute of Medicine, 2011; Wong, 2015).

Research on transgender communities has followed this pattern, focusing on substance abuse, homelessness, HIV/AIDS, lack of access to culturally competent healthcare, and employment discrimination (Grant et al., 2011). Recent studies have examined transgender populations through the lens of minority stress theory, making an important connection between the psychological burden of social stigma and psychological distress (Hendricks & Testa, 2012; Testa et al., 2015).

By continuing to study specific risk factors using a deficit-model, some researchers may have perpetuated and reinforced negative stereotypes about transgender populations. Research about risk factors is important as such inquiry helps clinicians and policymakers understand the problems facing transgender individuals as a result of interpersonal and pervasive structural oppression. However, more research from a strengths-based model is needed to help understand resilience within transgender populations (Singh et al., 2011).

In recent years there has been an increase in studies on resilience in both social work and social sciences literature (Southwick et al., 2014). It is noteworthy that the definition of resilience has expanded to include not only the negative impacts of trauma, but also competence-based models that focus on building strengths (Southwick et al., 2014). Matsen (2014) integrates

systems theory with resilience, and states that resilience is the capacity of a dynamic system to adapt to threats in the vitality, development, or functioning of that system. Hartling (2008) emphasizes resilience as a relational concept, rather than more traditional meanings of resilience discussed in the psychology and social work literature as internal mastery or ego strength. As an example of this definitional approach, findings from a 2008 study about the resilience of transgender people of color who have survived trauma also support resilience as a relational concept within historically marginalized groups (Singh & McKleroy, 2011). Hartling's definition of resilience grew out of relational-cultural theory and feminist thought, both of which emphasize the centrality of relationships, including community support and connection, in the lives of marginalized groups.

There is a need for this study because there is a gap in the literature about transgender populations as a whole and a wider gap that examines this population's experiences from a strengths-based model. Understanding transgender adults' experience of community support from other transgender individuals and about their experience of their own resilience might help social workers, mental health professionals, community advocates, and policymakers understand the importance of both experiences for the well-being of this population.

An exploratory design was chosen for this study because there is very little narrative data from trans populations about the role of community support from other transgender individuals and about resilience. Using a qualitative method, narrative data was obtained from two samples drawn from adult transgender populations. One sample (N=12) participated in hour-long semi-structured individual interviews (Interview Sample [IS]). Another sample (N=4) participated in a Focus Group [FGS]) conducted at an annual transgender conference in the northeast. Inclusion

criteria for both samples was any self-identifying transgender person 18 years of age or older at the time of the study.

## **CHAPTER II**

### **Literature Review**

#### **Introduction**

The purpose of this study was to collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience with their own resilience. The data was examined for possible associations between narratives about support and narratives about resilience. In addition, due to previous research findings about this population's marginalization, particular attention was paid to narrative data that explicitly suggests structural oppression. This review of the literature begins with a brief discussion of complexities in defining transgender identity and moves into a macro summary of findings about structural oppression faced by transgender people in the U.S. A brief review of minority stress theory is discussed, with specific applicability to transgender individuals, followed by a review of quantitative and qualitative research findings about transgender individuals and community support.

Multiple theoretical conceptualizations and definitional approaches of resilience in psychology, social work, sociology, and public health literature are highlighted. Furthermore, an integration of Judith Jordan and Linda Hartling's theories on relational resilience is summarized (Hartling, 2008; Jordan et al., 2004), focusing on its applicability to community support among transgender individuals. An in-depth review of quantitative and qualitative research findings about transgender individuals and resilience is summarized. Finally, empirical studies that

examine the relationship between resilience and community support from other trans individuals close out the chapter.

### **Complexity and Nuances in Defining Transgender**

The identity terms transgender individuals use to describe themselves are constantly evolving. Consensus does not exist within transgender communities about the meanings of various terms used to describe complex understandings and iterations of gender identity and gender expression. Thus, the language used to describe gender and transgender identities has its limitations. Terminology as it relates to gender can be used to constrain discussion as well as expound upon it (Lev, 2004).

For further understanding the evolution of the construction of transgender identities, there must be mention of the conceptualization of gender. Although trans individuals have existed for centuries, complex understandings of “gender” emerged from the writings of queer theorist Judith Butler in the second half of the twentieth century. Butler’s (1990) work centered on the development of a poststructuralist understanding of gender. In her groundbreaking book *Gender Trouble*, Butler theorizes that gender is socially constructed and performative, and that gender is neither tied to attributes of the body, nor is it a stable and objective ideal. Her theory states that gender is a series of acts, repeated over time, to create a social construction (Butler, 1990). Butler’s work is important to acknowledge and include when conducting research related to gender, especially given the variety of personal experiences and iterations of gender both within and outside of transgender communities.

The transgender community, then, is manifest through language and terminological identification (Lev, 2004). Although the term “transgender” itself was not coined until the 1990s, there is a long history of gender diversity in many cultures throughout the world (Lev,

2004). Transgender is “a grassroots word, a self-naming” (Lev, 2004, p. 55). Transgender identity may broadly encompass all people whose gender identity or gender expression falls outside social norms (Hendricks & Testa, 2012). Those social norms, according to Butler’s theory, are merely a social construction based on repetition, over time, of acts that constitute gender (Butler, 1990). Like gender, there is no objective truth that constitutes transgender. Thus, it follows that individual persons have the agency to label themselves as transgender, which is often based on some sort of variance from a particular culture’s socially accepted manifestation of gender. In the U.S., transgender is often used as an umbrella term, which encompasses all people whose gender identity, expression, or behavior differs from those typically associated with their assigned sex at birth (National Center for Transgender Equality, 2014).

For the purposes of this study, *transgender* is a broad and inclusive term that describes any person who feels that their assigned sex at birth is an inaccurate description of their gender identity or expression and includes people who self-identify as trans, transsexual, male-to-female (MTF) spectrum, female-to-male (FTM) spectrum, gender nonconforming, genderqueer, or non-binary. *Trans* is shorthand for transgender and will be used interchangeably with transgender throughout this paper. Not all people whose gender identity or expression fall outside of social norms or differ from their sex assigned at birth identify as transgender (Hendricks & Testa, 2012). Furthermore, for those who do identify with the term transgender, various iterations of transgender identity and specific identity labels within transgender communities may be fluid from day-to-day or change in the context of time and place. *Transition*, which is sometimes used interchangeably with *gender affirmation*, may be defined as:

the time when a person begins living as the gender with which they identify rather than the gender they were assigned at birth, which often includes changing one’s first name

and dressing and grooming differently. Transitioning *may or may not* also include medical and legal aspects, including taking hormones, having surgery, or changing identity documents (e.g. driver's license, Social Security record) to reflect one's gender identity. (National Center for Transgender Equality, 2014)

Lastly, some transgender people who undergo transition or gender affirmation do not identify as transgender at all. Rather, they are male/men or female/women and they do not want their social and medical histories to be seen as anything other than such.

For the purposes of this study, *cisgender* describes, “individuals who possess, from birth and into adulthood, the male or female reproductive organs (sex) typical of the social category of man or woman (gender) to which that individual was assigned at birth” (Aultman, 2014, para. 1). Like the word transgender, the term cisgender grew out of transgender activist discourses of the 1990s. The term's introduction was an outlet to interrupt the association of commonly used words “man” and “woman” as reinforcing “naturalness” and normativity while maintaining the marginalization of transgender identities by including the prefix “trans” in front of the words “man” and “woman” such as “trans man” and “trans woman” (Aultman, 2014).

### **Structural Gender Oppression**

Performing one's gender wrong initiates a set of punishments both obvious and indirect...That culture so readily punishes or marginalizes those who fail to perform the illusion of gender essentialism should be sign enough that on some level there is truth or social knowledge that the falsity or truth of gender is only socially compelled and in no sense ontologically necessitated. (Butler, 1988, p. 528)

In 2010 researchers conducted the first National Transgender Discrimination Survey, which was the single largest U.S. study of transgender people to date, with findings that highlight the negative experiences of discrimination and structural oppression faced by transgender adults (Grant et al., 2011). Over 6,000 transgender people ages 18 and older and from all 50 states participated in this quantitative study. Study findings highlight pervasive discrimination faced by transgender adults in many facets of everyday life, including education, employment, health,

housing, public accommodations, identification documents, police, and incarceration (Grant et al., 2011). The findings also showed that transgender people of color, or those who face the double bind of structural racism and transphobia, scored highest in all areas of discrimination, compared to their white trans counterparts (Grant et al., 2011). While 22% of all respondents interacting with police reported harassment at the hands of law enforcement, a much higher rate was reported by people of color – with 38% of Black respondents, 36% of multiracial respondents, and 29% of Asian respondents reporting police harassment (Grant et al., 2011).

Forty-one percent of all survey respondents reported attempting suicide at some point in their lives. At the time of the survey, transgender individuals were found to be unemployed at twice the rate of the general population and 26% of survey respondents reported that they had lost a job due to their transgender status (Grant, et al., 2011). Nineteen percent of survey respondents reported experiencing homelessness at some point in their lives (Grant et al., 2011). Poverty was a key finding, and researchers found transgender people are nearly four times more likely to have a household income of \$10,000 per year or less in comparison to the general population (Grant et al., 2011).

Data from the National Transgender Discrimination Survey highlight education, employment, health, and housing policy recommendations to improve the lives of transgender people living in the U.S. However, the survey's limitations include focusing on discrimination and inequities. Survey data collected did not address the positive resources and connections that help transgender adults cope with minority stress in their day-to-day lives. The survey found that transgender people face discrimination in many areas of life, yet failed to ask participants about the resilience factors that help mitigate the negative impact of discrimination or to ask participants about their connections to other transgender people.



**The minority stress model.** According to Meyer (2003), the minority stress model indicates that circumstances in the environment, including repeated experiences of discrimination, may trigger increased symptoms of both physical and mental illness that many LGBT people experience their entire lives. Results from the National Transgender Discrimination Survey (Grant et al., 2011), as well as various other quantitative studies (Bradford et al., 2013; Budge et al., 2013; Clements-Noelle et al., 2006) show transgender individuals experience structural oppression due to their gender identity and gender expression. Arlene Lev, a licensed clinical social worker who has spent over thirty years working with transgender clients, distinguishes between the internal experience of gender dysphoria and the pathologization of gender diverse identities and expression. She writes, “most gender-variant people suffer from deep internal struggles with their gendered and sexual selves given the societal nature of transphobia and the internal conflicts that develop trying to live contrary to their natures in a dimorphic culture” (Lev, 2004). The minority stress model applies to transgender individuals because of the chronic stress they frequently experience from social stigmatization (Institute of Medicine Report, 2011).

Enacted, felt, internalized, and structural stigma all compose the different facets of minority stress experienced by transgender individuals (Institute of Medicine Report, 2011). Enacted stigma include the explicit behaviors, such as gawking, direct verbal threats, and refusal to treat, and always come from an external source. Felt stigma occurs when a person from a marginalized group has a heightened internal awareness of the possibility that stigma will be enacted in particular situations (Institute of Medicine, 2011). As a result of both enacted and felt stigma, many transgender people have a heightened arousal level and trauma response. Internalized transphobia is the intrapsychic internalization of negative societal messages about

transgender individuals. Internalized transphobia manifests as intense feelings of shame that transgender individuals may experience as a result of taking in all the negative societal messages about transgender identity, i.e., that transgender individuals are “sick” “crazy” and inherently “disordered” (Institute of Medicine, 2011; Wise, 1979).

Finally, structural stigma, or the institutionalized oppression of transgender individuals, manifests in the lack of access to healthcare for this population, as well as high rates of unemployment, homelessness, HIV, and other social inequities (Grant et al., 2011). Minority stress theory postulates that transgender individuals who experience greater mental health concerns and distress do so in the context of the devaluation of transgender identity within the dominant cultural context.

### **Community Support and Resilience in LGB Populations**

The role of family acceptance and support and its positive relationship to mental health, well-being, and resilience is well-documented in the literature about LGBT youth and young adults (Bockting et al., 2013; Elizur & Ziv, 2001; Ryan et al., 2009). However, few studies document community peer-based support for LGBT persons and its impact on mental health and resilience.

One recent study in Hong Kong examined the role of social media in Chinese lesbian, gay, and bisexual (LGB) populations (Chong et al., 2015). This quantitative study surveyed 233 LGB Chinese individuals who reported using at least one LGB-focused social media site. Findings include the positive relationship between LGB-tailored social media use intensity and social surveillance, identity expression, and emotional support. This study found that the use of LGB-tailored social media provides a safe space that helps build connections among LGB individuals and has a positive impact on building resilience (Chong et al., 2015).

## **Trans Individuals and Community Support**

A few studies about transgender populations and community support are found in the quantitative research literature. In 2013, researchers Budge, Adelson, and Howard published the results of a quantitative study of male-to-female and female-to-male transgender individuals that measured the relationship between avoidant coping strategies, symptoms of depression and anxiety, and social support. In this study, avoidant coping included avoiding an emotional response to a stressor by drinking alcohol, overeating, engaging in other avoidant behaviors and cognitions, or minimizing the problem at hand. Budge et al., (2013) found that the less social support a transgender individual has available, the more likely the person will use avoidant coping strategies. Furthermore, these researchers found the use of avoidant coping has a positive relationship to symptoms of depression and anxiety.

Pflum, Testa, Balsam, and Goldblum (2015) expanded upon Budge et al.'s (2013) study and explored the specific role of transgender peer support in the lives of trans adults. Results from this study found a negative correlation between transgender peer support or connectedness and symptoms of mental illness (Pflum, Testa, Balsam, & Goldblum, 2015). Pflum et al. (2015) administered an internet-based survey to 865 transgender and gender non-conforming adults living in the U.S. Results were that social support, and more specifically, transgender community connectedness, serve as protective factors against depression and anxiety.

A third important quantitative study compared a relatively small sample size of transgender individuals with cisgender lesbian, gay, and bisexual (LGB) individuals (Dargie et al., 2014). The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) was used as a measurement tool in this study. Transgender individuals reported significantly less general social support than their cisgender LGB peers. This study also found that increased

perceptions of general social support were associated with lower levels of anxiety for transgender persons (Dargie et al., 2014). Thus, felt or perceived social support may serve as a protective factor in helping transgender individuals cope with the effects of social stigma.

Transgender identities need to be distinguished from lesbian, gay, and bisexual (LGB) identities because the assumption that all LGBT persons have similar experiences is inaccurate. Another example from the findings is that transgender people have poorer physical and mental health as compared to cisgender LGB people (Dargie et al., 2014). Transgender individuals reported more symptoms of depression and anxiety, as well as higher levels of stress and physical complaints, than the cisgender LGB group (Dargie et al., 2014).

None of the previously mentioned studies (Budge et al., 2013; Pflum et al., 2015; Dargie et al., 2014) used qualitative methods and none specifically identified how transgender individuals make meaning of a connection to supportive community. Additionally, none of these studies specified whether their participants' connection or exposure to community support was in-person, online, or a mix of virtual and face-to-face connections. Further research is needed to examine the meaning of general social support from the friends, family, and the larger community, as well as more specific social support from other transgender individuals.

One recent study on transgender individuals found that participation in collective action negatively correlated to internalized transphobia (Breslow et al., 2015). This negative correlation supports existing data about the identity-affirming value of community building with other transgender people.

### **Defining, Constructing, and Deconstructing Resilience**

The classic English meaning of the term *resilience* is “to bounce or spring back” (Prince-Embury & Saklofske, 2013). Its roots are Latin and can be traced back to the mid 17<sup>th</sup> century

word *resilire*, or “leap back” (Oxford Dictionaries). Popular views of resilience as one’s individual ability to “bounce back” from adverse life events are generally shaped by Western society’s value of independence and autonomy, therefore privileging resilience as an internal ego strength or coping strategy. Rutter’s (1987) research on the resilience of children and adults focused on the protective processes or mechanisms that change life trajectories. Rutter (1987) found that protective processes associated with resilience 1) reduce risk impact or exposure to the risk itself 2) reduce the likelihood of negative chain reactions 3) promote self-esteem and self-efficacy through secure and supportive relationships 4) open up opportunities (Rutter, 1987). Rutter found that resilience “does not reside in the psychological chemistry of the moment but in the ways in which people deal with the life changes and in what they do about their stressful or disadvantageous circumstances” (Rutter, 1987, p. 329). Modern psychoanalytic literature on ego defenses, particularly the use of high-adaptive (mature) defense mechanisms (Perry & Henry, 2004; Metzger, 2014) furthers Rutter’s inquiry into resilience as protective processes. According to Metzger (2014), high-adaptive ego defenses such as affiliation, altruism, anticipation, humor, self-assertion, self-observation, sublimation, and suppression may serve as positive resources for coping with stress. Metzger (2014) expounds, reporting that some of the high-adaptive, or mature, ego defenses may actually lead to new modes of relating to others.

Multiple meanings and conceptualizations of resilience reach across academic disciplines and sociocultural contexts. Clinical psychologists and researchers Harvey, Tummala-Narra, and Hamm’s (2012) research on trauma survivors and resilience note the ecological framework and multi-dimensional nature of resilience. Harvey et al. (2012) conceptualize resilience as a transactional concept, involving the complexity inherent in the trauma survivor’s interactions with family and sociocultural environments. Another study (Ungar et al., 2007) recruited youth

and young adults ages 12 to 23 who experienced at least three culturally significant risk factors and were deemed to be “coping well.” In this exploratory study, researchers conducted individual interviews with 89 youth and young adults from 14 different communities across the globe (Ungar et al., 2007). They sought to understand how resilience is defined in different cultural groups and the unique processes associated with resilience in a diversity of cultural contexts. The researchers found that a culturally embedded understanding of positive youth development better accounts for young people’s resilience and that material resources, relationships, identity, cohesion, power and control, social justice, and cultural adherence were all components of resilience that emerged in qualitative data about across cultural contexts (Ungar et al., 2007).

In recent years, resilience research in psychology, social work, and social sciences literature has grown (Southwick et al., 2014). Furthermore, “popular psychology” picked up on this trend, evidenced by many new books about resilience in the self-help section of bookstores. Brené Brown, a popular social worker and public speaker, has written extensively on empathy, connection, and shame (2007). Through grounded theory and qualitative interviews with over 200 women, Brown developed Shame Resilience Theory, which is a continuum that identifies the strategies and processes women find effective in developing shame resilience, which encompasses acknowledging personal responsibility, critical awareness, reaching out to others, and “speaking shame “ (Brown, 2006).

Quantitative studies on resilience appear more prevalent in psychology literature. In the last 25 years, scholars in this field developed resilience measurement scales (Windle et al., 2011) in an attempt to operationalize and quantify this somewhat abstract concept. Researchers recently conducted a methodological review of 15 resilience measurement tools (Windle et al.,

2011). Reviewers found the 25-item Connor-Davidson Resilience Scale (Connor & Davidson, 2003), the 37-item Resilience Scale for Adults (Hjemdal et al., 2001) and the Brief Resilience Scale (Smith et al., 2008) to have the highest ratings compared to the rest of the scales they reviewed (Windle et al., 2011). The origins of the Connor-Davidson Resilience Scale (2003) stemmed from the field of clinical psychology. The scale's developers were seeking specific tools to assess and treat people with trauma histories and symptoms of PTSD. Reviewers of the 15 resilience scales noted that there was no current "gold standard" found in any of the 15 measures (Windle et al., 2011). Moreover, reviewers reported that all measurements tools required further validation and that many resilience scales were in the early stages of development (Windle et al., 2011).

**Systems theory and relational resilience.** It is noteworthy that the definition of resilience has expanded to include not only the negative impacts of trauma, but also competence-based models that focus on building strengths (Southwick et al., 2014). Matsen (cited in Southwick et al., 2014) integrates systems theory with resilience and states that resilience is the capacity of a dynamic system to adapt to threats in the vitality, development, or functioning of that system. Based on relational cultural theory, resilience can be defined as "the ability to connect, reconnect, and resist disconnection in response to hardships, adversities, trauma, and alienating social/cultural practices" (Hartling, 2008, p. 56). In community development work, one definition of resilience is "the ability of a system to absorb disturbance and still retain its basic function and structure" (Wheatley & Frieze, 2011, p. 118). These definitional approaches to resilience begin with an acknowledgement of person-in-environment theory and the impact of structural oppression on distinct groups and communities of people.

Like Harvey et al. (2012), Hartling (2008) emphasizes resilience as a relational concept, rather than more traditional meanings of resilience discussed in the psychology and social work literature as internal mastery or ego strength. As an example of this definitional approach, findings from a 2011 study about the resilience of transgender people of color who have survived traumatic life events support resilience as a relational concept within historically marginalized groups (Singh & McKleroy, 2011). This study found that connecting with an activist transgender community of color fostered resilience (Singh & McKleroy, 2011). These important findings will be discussed in greater detail later in the chapter.

### **Trans Individuals and Resilience**

Empirical data shows resilience as a mitigating factor that helps transgender individuals cope with structural oppression. A quantitative study of 55 transgender youth and young adults ages 15 to 21 in New York City found that resilience, as measured by higher self-esteem, a higher sense of personal mastery, and greater perceived social support, predicted positive mental health outcomes (Grossman et al., 2011). Another quantitative study, from a national sample of 552 transgender adults, found that resilience, as measured using the Brief Resilience Scale (Smith et al., 2008), was strongly associated with lower levels of psychological distress (Breslow et al., 2015). This finding supports previous qualitative research (Singh et al., 2011; Singh & McKleroy, 2011), but was the first U.S.-based quantitative study with a large sample of the transgender population to support this finding.

Qualitative studies on resilience and transgender adults give multiple meanings of the broad concept of resilience. One important qualitative study examined the resilience strategies of transgender individuals in response to societal stigma and discrimination. This study consisted of semi-structured interviews with 21 transgender individuals. Five common themes



were identified across all participants: 1) evolving a self-generated definition of self, 2) embracing self-worth, 3) awareness of oppression 4) connection with a supportive community and 5) cultivating hope for the future (Singh et al., 2011). Findings from this study are significant because themes of resilience described by transgender participants were not merely individual characteristics, but rather, emphasized connections to a larger supportive community of people that reflected their strengths back to them when they could not do so themselves (Singh et al., 2011).

One qualitative phenomenological study of 11 transgender people of color examined resilience as a collective concept employed by marginalized groups in response to trauma (Singh et al., 2011). By exploring how transgender people of color make meaning from their lived experiences of multiple oppressions in society, the researchers found that resilience encompasses more than a sense of personal mastery; rather it involves a collective sense of survival in a transphobic and racist society. The transgender people of color in this study described “the essence of their resilience as being the ways they disrupted both societal and internalized transphobia, despite the pervasive discrimination these participants faced” (Singh et al., p. 25).

### **Trans Individuals, Community Support, and Resilience**

Few studies to date have examined whether there is a relationship between transgender narratives about community support and transgender narratives about resilience. In 2011, researchers Singh and McKleroy published a qualitative study based on a phenomenological inquiry of the lived experiences of transgender people of color. Semi-structured interviews were conducted with 11 transgender people of color between the ages of 26 and 45 who had self-reported that they experienced one or more traumatic life events. One of the six major themes

that emerged from this study is that connecting with an activist transgender community of color fostered resilience (Singh & McKleroy, 2011).

A major quantitative study found a negative relationship between peer support from other transgender individuals and psychological distress. Using data from 1093 transgender participants (male-to-female and female-to-male) in a large internet-based quantitative survey administered in 2003, a group of researchers evaluated associations between stigma and mental health and tested whether indicators of resilience, as measured by family support, peer support, identity pride, moderated these associations (Bockting et al., 2013). A major finding was that peer support significantly moderated the relationship between enacted stigma and psychological distress. Peer support helps promote resilience and mitigate distress in the face of transgender identity-based discrimination (Bockting et al., 2013). These results affirm the value of transgender individuals connecting with similar others, “possibly providing the opportunity to question stigma from the majority culture and reappraise their experiences in a self-affirmative way” (Bockting et al., 2013, p. e7).

In a 2014 article published in the *Gay and Lesbian Journal of Mental Health*, researchers analyzed survey data collected from 3,087 transgender adults living in the U.S. between 2005 and 2006 seeking to understand risk and resilience among transgender adults and whether connection to a transgender community may be a protective factor (Testa et al., 2014). Study findings show that both having awareness of other transgender people and having engagement with other transgender people prior to one’s identifying as transgender is helpful for psychological well-being and functioning (Testa et al., 2014).

## Summary

Language used to describe gender and transgender identities has its limitations, as terminology as it relates to gender can be used to constrain discussion as well as expound upon it (Lev, 2004). Given the complexity of gender, consensus does not exist within transgender communities about the meanings of various terms used to describe complex understandings and iterations of gender identity and gender expression. For the purposes of this study, transgender is used as an umbrella term (National Center for Transgender Equality, 2014) that describes any person who feels that their assigned sex at birth is an inaccurate description of their gender identity or expression and includes people who self-identify as trans, transsexual, male-to-female (MTF) spectrum, female-to-male (FTM) spectrum, gender nonconforming, genderqueer, or non-binary.

Results from the National Transgender Discrimination Survey (Grant et al., 2011), as well as various other quantitative studies (Bradford et al., 2013; Budge et al., 2013; Clements-Noelle et al., 2006) show transgender individuals experience structural oppression due to their gender identity and gender expression. Given these research findings about marginalization, minority stress theory (Institute of Medicine Report, 2011; Testa et al., 2015) has been applied to transgender populations. The most recent quantitative research findings about transgender individuals and community support found a negative correlation between transgender peer support or connectedness and symptoms of mental illness (Pflum et al., 2015) and that increased perceptions of general social support were associated with lower levels of anxiety for transgender persons (Dargie et al., 2014).

Quantitative studies on resilience and psychological distress show that higher measures of resilience were strongly associated with lower levels of psychological distress in transgender

individuals (Breslow et al., 2015). The literature on resilience was reviewed and it was found that multiple meanings and conceptualizations of resilience vary across academic disciplines and sociocultural contexts. Furthermore, some of the literature on relational resilience (Hartling, 2008; Jordan et al., 2004) has a unique applicability to this exploratory study about community support from other transgender individuals and resilience, especially given current findings that show awareness and engagement with other transgender people prior to one's identifying as transgender is helpful for psychological well-being and functioning (Testa et al., 2014). Furthermore, qualitative research found themes of resilience described by transgender participants were not merely individual characteristics, but rather, emphasized connections to a larger supportive community of people that reflected their strengths back to them when they could not do so themselves (Singh et al., 2011).

The next chapter outlines methodology used for this exploratory study and includes a description of sampling, ethics and safeguards, instrumentation, data collection, and data analysis.

## CHAPTER III

### Methodology

The purpose of this study was to collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience with their own resilience. The data were examined for possible associations between narratives about support and narratives about resilience. In addition, due to previous research findings about this population's marginalization, particular attention was paid to narrative data that explicitly suggests structural oppression. For the purposes of this study, *community support from other transgender individuals* is inclusive of both formal and informal configurations of social, emotional, tangible, and/or informational assistance and this term broadly encompasses one-to-one, group, and larger community-based forms of support from other transgender individuals. For the purposes of this study, *resilience* is defined as "the ability to connect, reconnect, and resist disconnection in response to hardships, adversities, trauma, and alienating social/cultural practices" (Hartling, 2008, p. 56).

An exploratory qualitative design was used, allowing the method and specific procedures to evolve as more participants are interviewed and data is gathered. The subjective experience of participants was an important consideration in this qualitative exploratory research. Individual interviews and a focus group with transgender adults allowed for the narrative experiences of participants to surface and were examined using an inductive approach.

This exploratory design was chosen because there is very little existing data within trans populations about the role of community support from other transgender individuals. Research on resilience within the transgender community is more common than research on the role of community support, but specific empirical studies that include both the value of community support among transgender adults and its possible relationship to resilience is missing in the existing literature. Because inductive research begins with the collection of data that is then used to formulate a general explanation or theory (Engel & Schutt, 2013), this approach seemed appropriate.

### **Sampling**

Data was obtained from two samples drawn from adult transgender populations. One sample (N=12) participated in hour-long semi-structured individual interviews (Interview Sample [IS]). Another sample (N=4) participated in a Focus Group [FGS]) conducted at an annual transgender conference in the northeast. Inclusion criteria for both samples was any self-identifying transgender person 18 years of age or older at the time of the study. Exclusion criteria was any cisgender person and any transgender person 17 years of age or younger at the time of the study.

The definition of the term “transgender” is constantly evolving. No consensus exists among the community itself or the academy about the exact meaning of the term. For the purposes of this study, *transgender* is a broad and inclusive term to describe any person who feels that their assigned sex at birth is an inaccurate description of their gender identity or expression, and it includes people who self-identify as trans, transsexual, male-to-female (MTF) spectrum, female-to-male (FTM) spectrum, gender nonconforming, genderqueer, or non-binary (Teich, 2012). Some individuals may identify as one or more of the terms included in the broad

definition of transgender. In addition, some individuals may not be “out” as transgender in any or most facets of their lives. Others may identify as a man or a woman with a transsexual medical history to a close few others on a need to know basis, such as romantic partners or medical professionals. Recruiting a broad variation of transgender identities was intentionally and thoughtfully done.

The IS was obtained through a snowball sample by networking with several transgender community advocates and professionals who serve the transgender community. Outreach to organizations that serve the transgender community, such as health centers, psychotherapists, and transgender peer support groups and advocacy organizations, was conducted. This researcher is a member of the population that he seeks to study. His community connections to transgender adults, both locally and across the U.S., help increased the feasibility of this study by providing access to broad population from which to recruit a sample.

Utilizing various outreach strategies was important to recruit a diverse range of IS participants. A flyer that included a brief description of the research study written at a sixth grade reading comprehension level was posted to Facebook and email listservs indicating how to volunteer to participate in this study (*Appendix A*). The recruitment flyer was posted in relevant Facebook groups, including Western Massachusetts Queer Exchange, Rhode Island Queer Exchange, and T\* Therapists. Permission to post study recruitment materials was obtained by the proper Facebook group administrators before the flyer was posted.

An email (*Appendix B*) with recipients blind copied to more than 10 transgender adults that this researcher knows either personally or professionally was sent out for study recruitment purposes. The email included a PDF attachment of the study’s recruitment flyer. The flyer included a brief description of the study and the contact information of the principal investigator.

The study's official stamp of approval by the Smith College School for Social Work Human Subjects Review Committee (*Appendix C*) was also included on the flyer. The group email was blind copied to recipients to safeguard against "outing" of potential participants' transgender identity. Potential participants, then, could choose to respond and forward the email to others. In either case, they were asked to forward the study recruitment flyer to networks of other transgender people.

The recruitment flyer was posted on a community bulletin board at Fenway Health in Boston, Massachusetts and multiple copies of the flyer were left on a community resource table at the second annual Rhode Island Trans\* Health Conference in late January 2016. Hundreds of medical and mental health providers, as well as transgender community members, attended this conference.

A brief screening by phone or email was conducted with individuals who expressed an interest in participating in the IS. During the screening process, potential participants were asked 1) current age and 2) gender identity. In addition, potential participants were informed that participation in this study included a digitally recorded interview and were asked for an initial non-binding agreement to this digital recording. Furthermore, in order to move forward with participation in the study, participants needed to meet one or more of the definitional categories included in the term "transgender."

During the informed consent process, participants were informed that they had the right to ask any questions of the researcher throughout the process. Furthermore, participants were informed of their right to stop the study at any time without affecting their relationship to the researcher or to Smith College. Moreover, participants were informed of their right to not answer any question.



After reviewing the informed consent process (*Appendix D for IS participants and Appendix E for FGS participants*), those determined eligible for the study were asked to fill out a short demographic questionnaire (*Appendix F*). Demographic information was gathered from both IS and FGS participants. Those IS participants who choose a Skype, Google Hangout, FaceTime, or phone interview were sent the demographic questionnaire to fill out and return by email before beginning the interview. All participants were asked to provide the following demographic information: name, pronoun, age, race, ethnicity, sexual orientation, gender identity, annual household income, highest level of education completed, current relationship status, and religious affiliation. Participants had the right to refuse to answer any of the demographic questions.

The focus group at the transgender conference was advertised through official conference marketing materials on the conference's website. Focus Group Sample participants were given the option to review informed consent and complete the demographic questionnaire before the start of the conference via phone and email or to complete these two important steps before the focus group began on the day of the conference. Three out of the four participants chose to complete the informed consent process the day of the conference. This researcher submitted a workshop proposal to conference organizers in early November 2015 (*Appendix G*). In addition to official conference marketing materials, this researcher posted to local email listservs, including a local transgender support organization, as well as the conference Facebook group, to make potential conference attendees aware of the opportunity to participate in this focus group. Conference organizers granted written permission to post to the Facebook group for recruitment purposes.

An effort was made to recruit eligible participants from diverse backgrounds for the IS. To mitigate researcher bias in using snowball sampling, specific targeted calls for participation were made to older transgender adults and transgender women of color. In an effort to reach older adult participants, outreach was made to a local chapter of the national organization Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE). A specific targeted call for participants was sent to transgender people of color through the national Trans People of Color Coalition, as well as a local queer and trans young adults of color movement-building group.

### **Ethics and Safeguards**

Before beginning this study, official approval from the Smith College School for Social Work Human Subjects Review (HSR) Committee was obtained. The Smith College HSR process upholds the highest ethical standards for research on human subjects, including the Belmont Report's (National Commission for the Protection of Human Subjects of Research, 1978) nationally recognized standards of respect for persons, beneficence, and justice in human subjects research.

To protect the confidentiality of study participants interview notes or audio recordings were not labeled with real names, but with a code that included letters and numbers. In addition, informed consent forms, interview notes, and cassette tapes were kept locked in a file drawer during the thesis process and will be kept locked three years thereafter, in accordance with federal regulations. After such time, the above-mentioned material will either be destroyed or maintained in its secure location to be used for future research.

To safeguard privacy for participants in the FGS sample, group agreements were established at the start of the focus group and explained the importance of confidentiality,

reiterating the informed consent document signed by all FGS participants. Focus group participants were reminded that talking with others outside of the group about main themes or what they learned in the group was okay, as long as they protect the confidentiality of other group members. Participants were asked to introduce themselves using their first name only.

Benefits for participants included voicing their personal experiences as a transgender adult and contributing to a body of knowledge about the transgender community. The only known risk of participation included the possibility that some of the interview questions could trigger negative thoughts and feelings. During the informed consent process, all participants were informed of outside mental health resources that could be contacted for support in case of experiencing negative emotions as a direct result of participation in this study. The main referral resource for participants was Trans Lifeline, a free peer listening and support hotline by and for transgender individuals in the U.S. Additionally, participants were introduced to Psychology Today Therapist Finder, which is an online therapist directory that includes a search engine that can help people find local transgender-friendly therapists throughout the U.S. Links to Trans Lifeline and Psychology Today Therapist Finder were included during the informed consent process. The phone number for quick access to Trans Lifeline was also included in the informed consent process.

## **Instrumentation**

Individual Sample (IS) interviews were open-ended but guided by a semi-structured interview format, designed to elicit perceptions about community support and resilience (*Appendix H*). Similarly, the FGS was encouraged to discuss their experiences in an open-ended manner and was guided by the same semi-structured interview format. The IS and FGS

interviews were audio recorded and transcribed. In addition, brief notes were taken during the IS and FGS interviews.

### **Data Collection**

The IS was obtained over the course of four (4) months, from January 2016 to May 2016. All IS participants were asked to review and sign an informed consent form before beginning the study. A total of twelve (12) qualitative interviews were conducted with transgender adults. These qualitative interviews were approximately one-hour in length, with the shortest interviews closer to 45 minutes and the longest ones running up to 70 minutes. All but one interview was conducted via Skype, Google Hangouts, FaceTime, or phone. One interview was conducted in-person, at a confidential space.

The FGS of transgender adults was obtained from participants at a large transgender conference in January 2016. This researcher's focus group proposal was submitted and approved by conference organizers in fall 2015. The focus group was listed in conference marketing materials and all participants were asked to complete the informed consent process either before the conference begins via email or phone communication or at the conference before the focus group begins. In addition, all participants were asked to fill out a brief demographic questionnaire at the conference, right before the focus group began. Focus Group Sample participants were asked to provide the following demographic information: name, pronoun, age, race, ethnicity, sexual orientation, gender identity, annual household income, highest level of education completed, current relationship status, and religious affiliation. Participants had the right to refuse to answer any of the demographic questions.

## **Data Analysis**

The interviews and focus group were audio-recorded, transcribed, coded, and analyzed for repetitive and divergent themes. Coding was conducted by carefully listening for responses corresponding to the two main study areas of interest: *community support from other transgender individuals* and *resilience*. Data was grouped based on the emergent themes from each area of interest, with particular attention paid to data about how experiences of community support from other transgender individuals might be related to their experience of their own resilience. Data was examined for themes.

## **CHAPTER IV**

### **Findings**

The purpose of this study was to collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience with their own resilience. In addition, due to previous research findings about this population's marginalization, particular attention was paid to narrative data that explicitly suggests structural oppression. This chapter documents the findings from two samples: twelve individual participants [IS (N=12)] and one focus group [FGS (N=4)]. The data from the Individual Sample (IS) will be presented separately from the data in the Focus Group Sample (FGS). Transgender people ages 18 and older were included in both samples and all participants completed a demographic questionnaire.

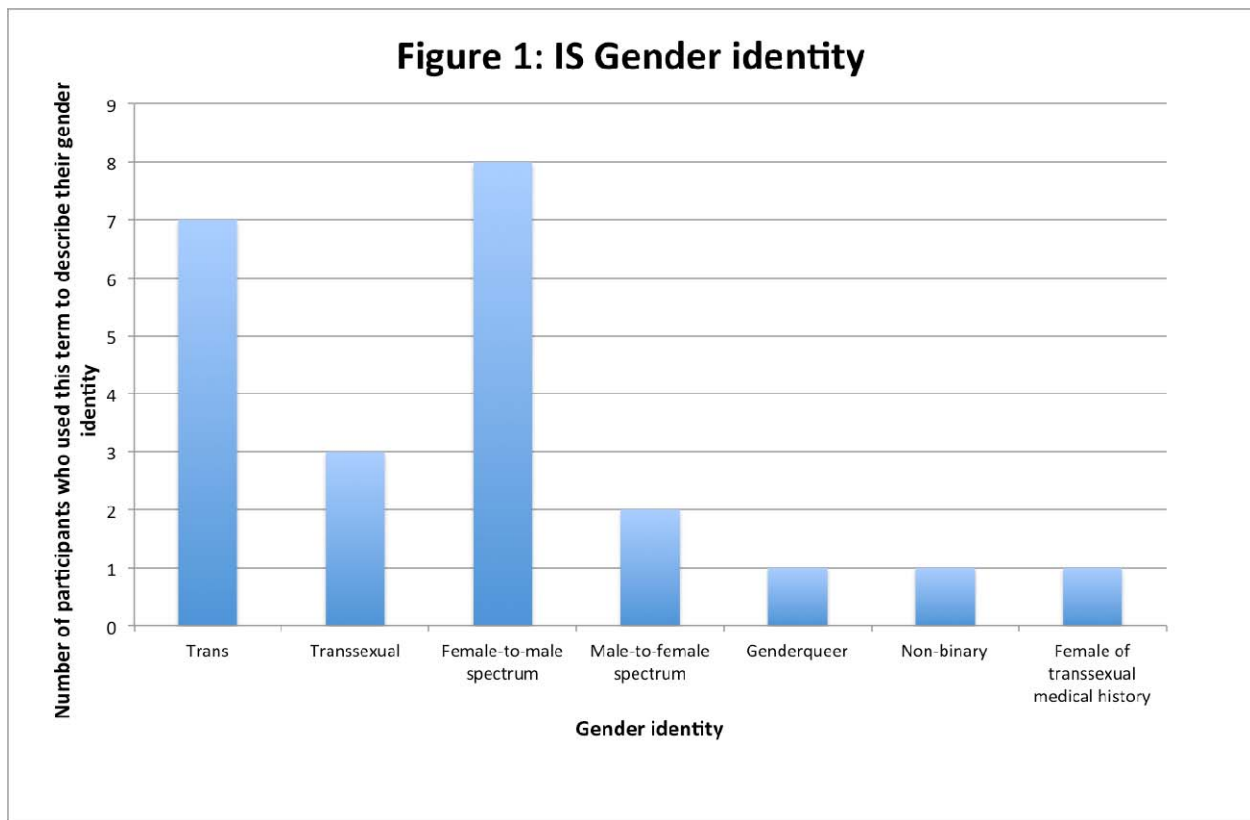
This chapter begins with a composition of the demographic data collected from each sample. Findings in this chapter are grouped under the two main areas of interest: community support and resilience. All narrative data were examined for themes related to oppression. Thematic data from the IS as it relates to community support is presented first, followed by thematic data from the FGS related to community support. Next, thematic data from the IS related to resilience is presented followed by data from the FGS related to resilience. After a separate reporting of data from the study's two main areas of interest, data that suggests a possible association between community support and resilience is reported. Lastly, in closing out the findings chapter, one divergent theme is presented.

This qualitative research explores human subjectivity and the meaning that participants give to their lives (Engel & Schutt, 2013). Data obtained from the two samples [IS & FGS] in this study seek to understand the lived experience of participants as it relates to community support from other transgender individuals and participants' experience of their own resilience.

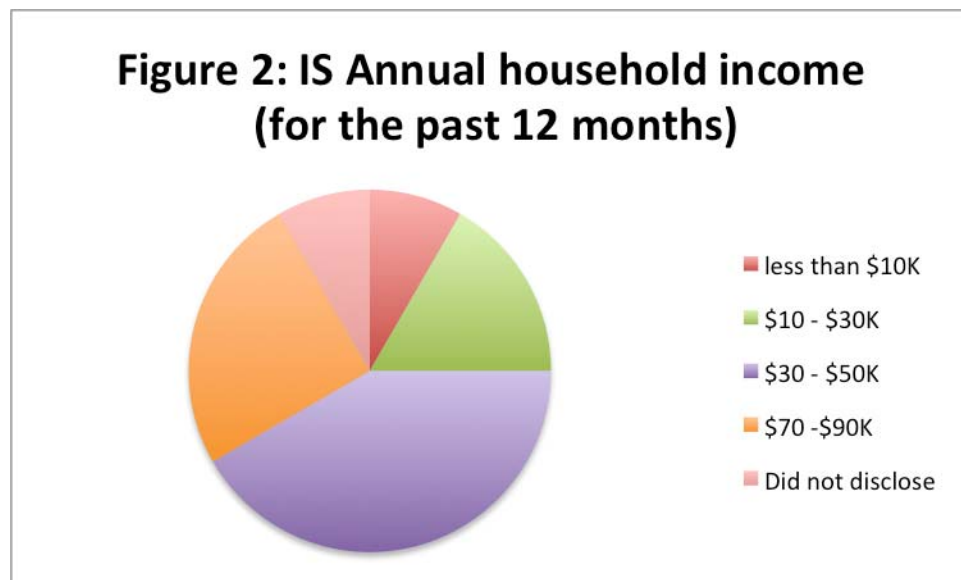
## **Demographics**

**Individual sample.** There were a total of twelve participants (N=12) in the Individual Sample (IS). Participants in the IS ranged in age from 21 to 58 years old. The median age of the sample was 32 years old, with a mean age of 34 years old. Eleven participants in this sample were White (92%) and one participant was Asian (8%). One participant (8%) self-identified as straight, while the remaining 11 participants (92%) identified with a range of terms and labels used to describe historically marginalized sexual orientations and identities. In descending order this included queer (25%), gay/lesbian and queer (25%), pansexual (16%), bisexual (8%), asexual (8%), and asexual/questioning (8%). Participants were also asked about their current relationship status. Four participants were single (33%), four were partnered (33%), three were married (25%), and one was divorced (9%).

Capturing each participant's gender identity was nuanced, allowing participants to self-identify with as few or as many gender identity labels as they felt fit their unique experience. Many participants self-identified with more than one of the terms listed. See Figure 1 below for specific labels participants used to describe gender identity. Note in Figure 1 that there are more responses than participants, indicating that some participants used more than one label to describe their gender identity.

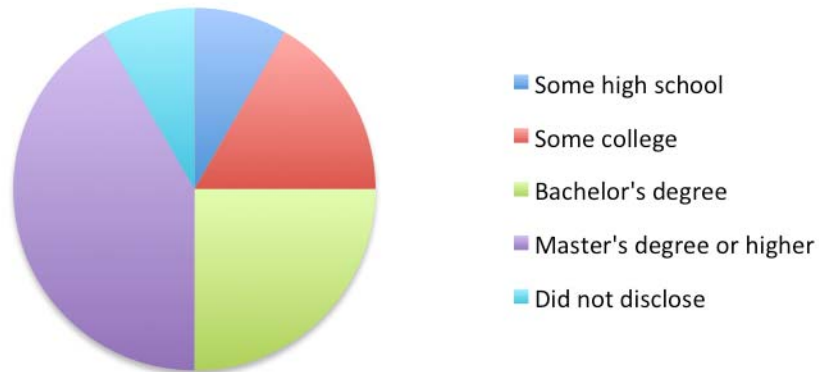


Participants in the IS were also asked about annual household income (for the past 12 months), highest level of education completed, and religion. Figures 2, 3, and 4 capture this data.

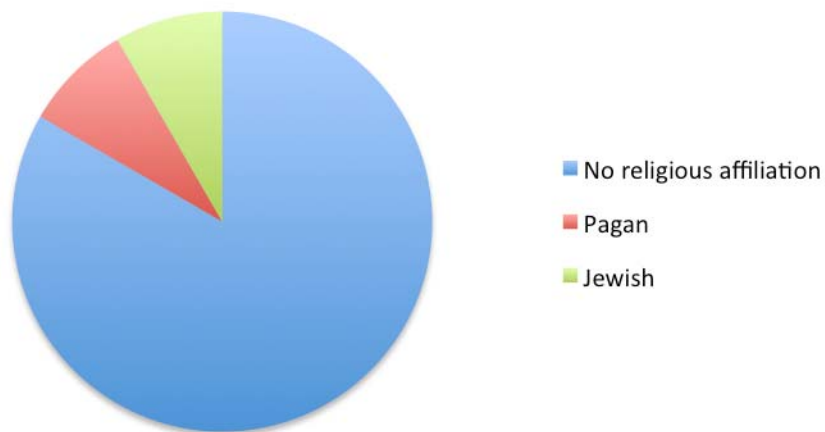




**Figure 3: IS Highest level of education completed**

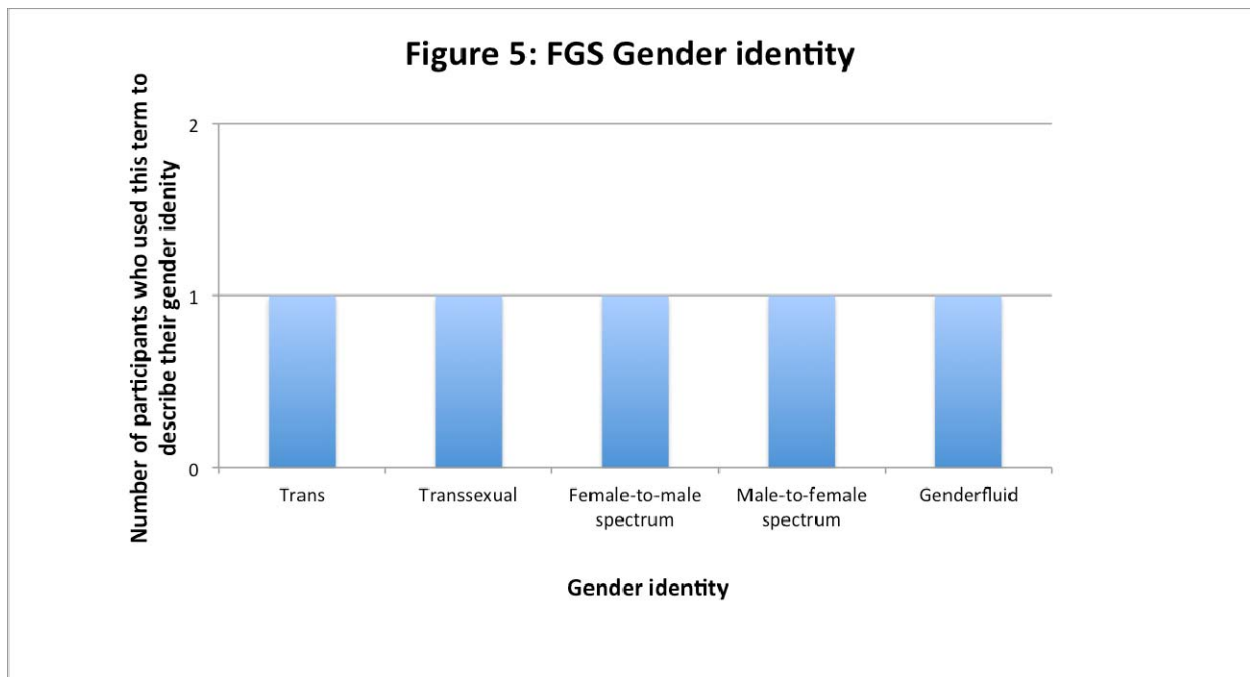


**Figure 4: IS Religion**

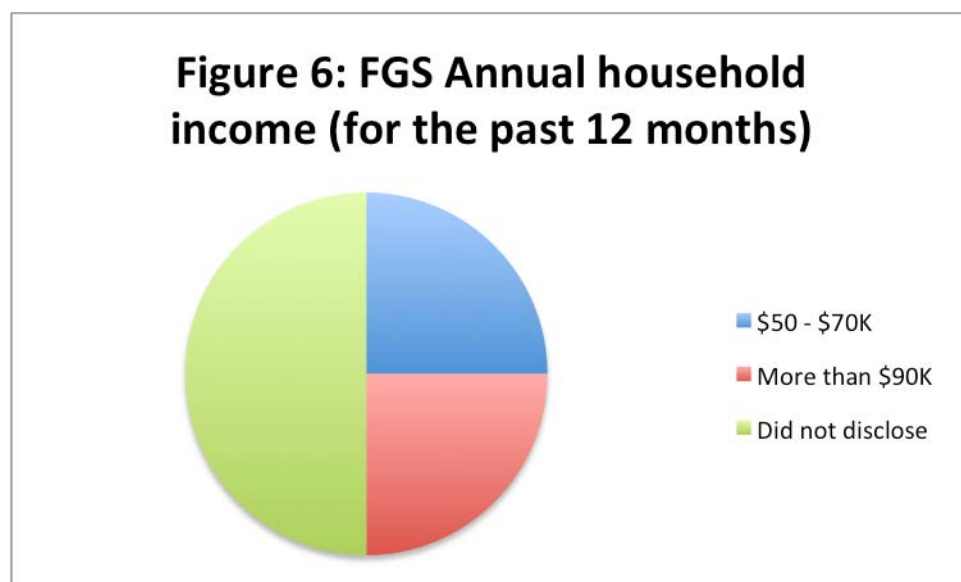


**Focus group sample.** There were a total of four (4) participants in the Focus Group Sample (FGS). Participants in the FGS ranged in age from 30 to 69 years old. Both the median and mean age of the sample was 50 years old. Three participants were White (75%) and one participant was Black (25%). Two participants (50%) identified as straight, one participant (25%) identified as queer, and one participant (25%) identified as gay. In terms of gender

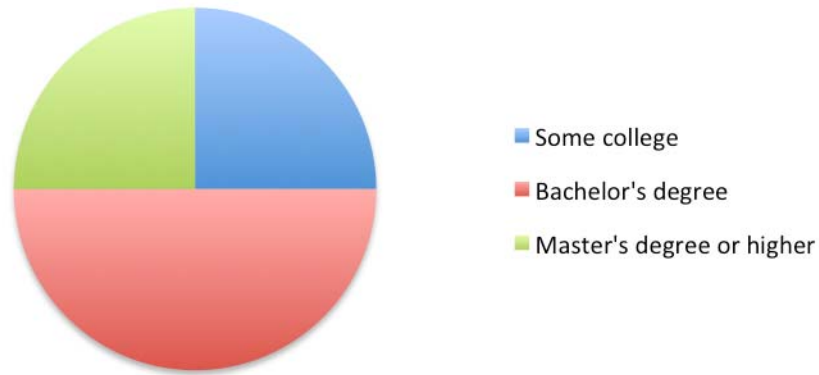
identity, one participant in the FGS identified with more than one of the terms. See Figure 5 below for gender identity demographics of the FGS.



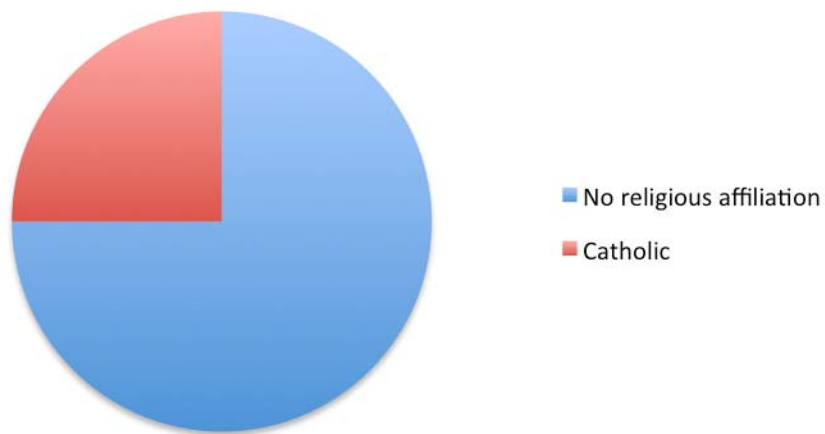
Participants in the FGS were also asked about annual household income (for the past 12 months), highest level of education completed, and religion. Figures 6, 7, and 8 capture this data.



**Figure 7: FGS Highest level of education completed**



**Figure 8: FGS Religion**



### **Community Support – Individual Sample (IS)**

The first question asked of participants in the Individual Sample (IS) was whether they felt connected to a larger transgender community or communities. A follow-up question asked: “What are some of the informal or casual ways you know and interact with other transgender people?” Both of these questions sought to gauge each participant’s experience of community support from other transgender individuals. For the purposes of this study, *community support from other transgender individuals* is inclusive of both formal and informal configurations of

social, emotional, tangible, and/or informational assistance and this term broadly encompasses one-to-one, group, and larger community-based forms of support from other transgender individuals.

Eleven out of twelve participants responded that they felt connected to transgender communities to some degree and that they knew and interacted with other transgender individuals currently or in the past. However, responses showed significant variation in the degrees to which participants felt connected to community support from other transgender individuals. Four key themes emerged from participants' experience of community support from other transgender individuals: *cultivating empathy from shared experience, giving support to others, connecting online, and investing in community knowledge & alternative economies.*

**Cultivating empathy from shared experience.** Empathy from shared experience emerged as a strong theme in participants' discussion of community support from other transgender individuals. Ten out of twelve participants in the Individual Sample (IS) felt a sense of empathy from shared experience with other transgender individuals. One participant captured the overall sentiment, stating, "It's very validating to have shared experience with other people." The youngest participant, a 21 year-old male-to-female transsexual woman, stated:

I have always had a lot of support, like I said going back to online groups and that sort of thing. Having people that I can relate to and they can say, "Hey I've been through this, too. Keep trying. Something will work out eventually." Just having people who understand the struggle and understand what you're going through...having people to relate to and having people who can say, "Hey, I've been there, too. It will get better. Just keep trying."

An older adult female with a transsexual medical history, stated:

The support is hearing the stories and we support each other, all of us, not just here in [home city] but you connect with other people across the country and you start hearing the stories...There's so much similarity about the employment issues and the healthcare and the housing and all of those things and how we are all suffering, ya know, being treated as second class citizens and losing our civil rights.

This woman felt that her shared experience with other transgender individuals was particularly connected to experiences of transgender marginalization and structural oppression within society.

Some participants felt that empathy from shared experience is particularly related to body dysphoria, or the significant distress or discomfort caused by incongruence between one or more gendered body parts. One 23 year-old non-binary female-to-male spectrum participant said:

It just feels like there's such a gap between trans and non-trans people being able to understand what dysphoria is at all. Even someone who's cisgender and very supportive, I dunno, it seems like they are never really going to understand what that feels like, as opposed to anyone I talk to in the trans community, of any sort, I feel like we have this common experience, to some degree, this common understanding of what these things feel like and it's super valuable.

Another participant spoke about having similar feelings about other transgender individuals' unique ability to empathize with body dysphoria. One 24 year-old male-to-female transsexual woman stated:

The [trans] people that I am closer to, being able to lean on them for an issue that they actually understand. I mean I have a couple cisgender friends who are really great, but especially early on when I was having a lot of dysphoria; it's not something I could really talk about with them. It wasn't because they weren't willing to listen but just cause they didn't get it. I mean, they could try to be supportive but like they could only do so much without understanding it.

A 53 year-old female-to-male transsexual man who transitioned in the late 1990s talked about his partner, who is also transgender, and the importance of being fully seen by him in a way that he has never felt with cisgender people. He said:

I don't know if I could have a non-trans partner because there's a way of being understood I never felt with cisgender people. I feel like it's in spite of my transness or that whole thing, "I don't see you as trans." Right, so you don't really know me?

Another participant, a 41 year-old queer female-to-male participant who also transitioned many years ago spoke about not currently having many transgender friends, but recalled a shared

experience with a trans friend related to the intersection of sexual orientation and gender identity.

He said:

One of my best friends for a little while was a trans guy. He moved away years and years ago. So it's not like I didn't have close friends who were trans...I get read as a gay man and I am partnered with a woman and the same thing was happening to this friend. I identify as queer so it's really cool that I am read as gay man, but it just really confuses people. How we were walking through the world was a lens that we could appreciate about each other.

One 35 year-old female-to-male spectrum participant recounted a story about meeting someone new and how it reminded him of the beginnings of his own transition many years earlier. He used a unique metaphor to capture this idea of shared experience. He stated:

I was at an event and there was this guy in his 50s who had been a butch dyke for most of his life but had decided less than a year ago that he was actually thinking about transitioning. He ended up at the table with me ten years into [my] transition and another [trans] guy 23 years into transition and talking about that notion, "How do you know this is the right path for you? And how do you stand up for it? And how do you have people that you can call at 3am?".... To see that individual in a place where they were saying, "I've been walking other stuff but this is where I actually think I do need to be," was this, it was like opening up my journal from the past and flipping through to my own pages and being like, "Oh, I don't know their journey." It's like, "I don't know what your trip to Disneyland was like but I have totally been to Disneyland." Like we might have a shared experience of knowing what Disney is like. We both understand that there are crazy singers that leap out and randomly sing on Main Street and we both know there's overpriced popcorn but we won't have the exact same path. But there's still somebody else who's been to Disney. That was really joyous for me to go back and re-love and re-hate that first moment of walking through the gate at Disney...To see those moments of fear and anxiety but of joy, too, in his eyes and now watching his journey online and when I saw him in [name of state] and those moments when I have had these touch points with him and him with me.

Two participants felt that empathy from shared experience is important during the emotional and physical changes that accompany the beginning of medical transition. A 29 year-old female-to-male spectrum participant said, "There are guys that started T [testosterone] right around my time and we exchange stories about the kind of changes we've had. It's pretty cool. It's been nice to be part of the community and being able to talk to other people about their

experiences.” Similarly, a 38 year-old genderqueer musician on the female-to-male spectrum talked about having a “transition brother” who was also a musician that helped him through the early body changes from testosterone. He said:

A friend of mine that I met in college pre-coming out, we’re both musicians and we’ve known each other for years and we decided that we wanted to start a band. We started the band a month after he started taking testosterone and a month before I started taking testosterone. We were nervous and intrigued about what our voices were going to do during that period. We sort of like sang each other through the first year or two of transition. Having somebody else who is trans to do that with and be like singing and writing harmonies and be like, “Wow, I can’t find that note like I used to,” was a really good experience...Having this band mate that was basically my transition brother and going through that period of time with someone...even if that is your only support, if you have that one other person who’s experiencing these changes with you it’s not an identical journey but I think it makes a huge difference just in terms of being like, “Oh my gosh! I am feeling this way all the time.” And for them to be like, “Oh yeah, me too!”

**Giving support to others.** Nine out of twelve participants talked about offering support to other transgender people, whether it was through chosen family connections, mentorship, giving time or money, or online emotional support. One participant, a 24 year-old male-to-female transsexual woman talked about the value of providing support to other transgender people. She said:

Every once in a while there will be a person who’s going through something that I relate to very closely and just be able to give them my experience and my thoughts it makes me feel good, too. I don’t know why exactly. I don’t know if it’s because I am helping or it’s because like it ends up sort of helping me sort through my own thoughts. It definitely gives you a feeling of giving back, I guess. I mean, in order to get to the other side of transition, you have to rely on other people so much for emotional support. At least I did. So when you get to the other side, you kind of want to give back as much as you can to do what others did for you.

One participant, a 38 year-old genderqueer participant on the female-to-male spectrum, talked extensively about giving back by providing support to his transgender “brothers.” He said:

I find it really rewarding to hopefully be providing some of what I didn't have but also like I had some of that stuff but I didn't have this really close big brother who had gone through all of this stuff and knew what to expect kind of. I had brothers, if you will, going through it kind of simultaneously.

Mentoring others in the trans community as a way of giving back was specifically mentioned by three participants. One 25 year-old trans man who works in a university setting spoke about positive mentorship to trans folks. His experience stood out because he reported that he did not receive positive mentorship from the trans community when he was first questioning his gender identity. He said:

I had connected with the [college's] LGBT Center because of this mentoring program for LGBTQ faculty, staff, and students. I wanted to be part of that and possibly mentor a student because I don't want people to experience what I did if I can help it. There have been a couple different times I have reached out to people on tumblr and said, "Hey, at different points you might feel really confused and that's okay. It's about finding out who *you are* and not choosing these different narratives or ends of the binary." Now that I am more comfortable with who I am, I can sort of talk about that with other people that are trans, like I am right now.

Another participant, a 33 year-old queer trans female-to-male spectrum teacher referenced what he calls "cultural and political landscapes." He said:

I have been affected by my peers and elders who are trans who I am connected to and who are a part of my life as well as others who I don't know personally, but who have done a lot of work just in being out. Or around legislation or health coverage or, you know, educating people, like there has been so much work that came before me, and I may have been a small tiny piece of it in the mentoring that I did.

Mentoring others was an important way that some people felt like they could give support to others. A 35 year-old female-to-male spectrum participant stated:

I am fairly involved in an online dialogue of trans rights and trans social needs and that last one I don't feel like I am necessarily getting much out of it other than fascination and feeling like I can offer mentorship to people.

A couple participants talked about giving money or time to transgender support and advocacy as a concrete way to give back to transgender communities. One 23 year-old non-



binary female-to-male spectrum participant talked about offering financial support to a trans person in need. They said:

I've had the opportunity to support people to some degree, too. A friend's partner is trans and was homeless for a while and I was able to help them out with getting a car and a place to live. I have lots of privilege and I feel bad about that in some ways and I also try to use it to make people's lives better. You know, through personal connections.

One 41 year-old female-to-male spectrum participant who is a professional speaker talked about volunteering his time and skills to give back to the trans community. Although he noted not feeling particularly connected to the trans community, he said:

I support the trans community through donations of time and money when things are happening, you know, showing up, being present. I coordinated the Trans Day of Remembrance like the second or third year. It was a year no one stepped up and I was like, "I'll help with that." I've done trainings for [a local trans advocacy organization]. I go to their lobby day and their actions at the statehouse.

Offering online emotional support was equally as prevalent as offering in-person support.

A 38 year-old genderqueer female-to-male spectrum participant spoke at length about his transgender "pen pals" from all over the world. He said:

Having pen pals in other countries is something that goes back to childhood with me. I've sort of replaced pen pals of my youth with corresponding with other trans guys that I've met online. Sometimes we've found each other because we have something in common and other times it's people who are reaching out and like looking for community...[Giving back to the trans community] is something that's pretty important to me. I'm pretty comfortable sharing my experience and sharing my story...Talking to other [trans] guys online has really just given me this opportunity to basically volunteer my time to the community to be supportive to other guys.

**Connecting online.** The significance of connecting online emerged as an unexpected theme in this study. Eleven out of twelve participants in the study referenced connecting online - for emotional support, resource sharing, or both. The youngest participant, a 21 year-old male-to-female transsexual woman credits her online connections to other transgender people as giving her the courage to transition. She said, "Before I was even comfortable enough to

physically or medically transition, my first interactions with the trans community were online through Facebook groups. The people in those groups really gave me the confidence I needed to transition in the first place.” Later on in the interview, she speaks about the life-saving value of online support from other trans folks. She stated:

I honestly don’t think I would have had the courage to transition had it not been for my online connections - the forums, the chat rooms, the Facebook groups, etc. I don’t think I ever would have had the courage to transition and if I hadn’t transitioned, I honestly don’t think I’d be around today. I honestly don’t think I would have been able to cope.

Another participant, a 24 year-old male-to-female transsexual woman, credits the online support she received early on in her transition to reducing internalized shame related to her gender identity. She said:

My best friend [who’s trans] that I met online helped me out a lot with getting over the shame of it and sort of realizing that transition was actually an option for me. I thought I was too old or that hormones wouldn’t work for me etcetera.

One 23 year-old non-binary female-to-male spectrum participant credits a website called reddit<sup>1</sup> for exposing them to a variety of trans narratives and lived experiences across the broad spectrum of gender identity and expression. In talking about feeling connected to other trans people online through reddit, they said:

I’ve been thinking about gender identity for as about as long as I can remember but I didn’t think of it as trans for awhile so probably the big thing with reddit for me was seeing this huge variety of stories and perspectives, particularly non-binary ones...It was with reddit seeing all of the different types of trans people there are. That made a big difference and makes me like it there.

In reviewing the data for the emergence of patterns based on demographic information, clear generational differences in the reasons why participants reported seeking online support from other transgender individuals emerged. This pattern showed that younger transgender

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<sup>1</sup> Reddit is a social news and networking website where people can register as members and post to an online bulletin/discussion board.

participants utilized the internet for both resource sharing *and* for emotional support from other transgender individuals not previously known to them. Meanwhile, participants in their early 30s and older utilized the internet for the sole purpose of resource sharing. One 33 year-old queer trans female-to-male spectrum individual said:

I've definitely spent hours in the wormhole of internet resources for medical things, mostly, and yeah like Facebook groups and [name of local trans support and advocacy organization] as a group and I feel like I "like" other pages that hook me into other resources that seem trans-specific. But, I mean, yes to internet. Reading definitely.

Another female-to-male spectrum participant in his 30s who started his transition over 15 years ago said, "In 2005, I started having regular computer access and at that point I could look up anything...I could look up surgeons and doctors and whatever and find other people to talk to and stuff like that. I think that [the internet] made a huge difference."

One 53 year-old female-to-male transsexual participant who transitioned in the 1990s talked about maintaining already established in-person friendships with other trans folks through Facebook. Referencing the tremendous impact that the True Spirit Conference had in his life, he said:

Going back to the True Spirit Conference as this core event and if you talk to [FTM spectrum individuals] of a particular age during those years that was so shaping and people came from all over the country [to attend this trans-specific conference]. I met people who I still connect with through Facebook now or I might travel and see some people.

**Investing in community knowledge & alternative economies.** One participant, a 31 year-old female-to-male participant articulated the concept of community knowledge within trans communities. He said, "I feel like knowing [a local trans-friendly doctor] was the place to go was just a part of the collective consciousness of the trans community." Another participant, a 38 year-old genderqueer individual on the female-to-male spectrum talked about seeking out local knowledge from other trans people before accessing medical care. He said:

Especially not having a lot of internet access at this point, word of mouth was really crucial. So even now, I'd say, if I am looking for a new doctor I am asking around on the forums and on the Facebook groups. There's a lot of medical resources available to us [transgender people] in my community which is cool but I am still going to ask around for [trans] people's experiences, like, "Was is positive? Was it negative? Which doctor is more comfortable letting you monitor your own [testosterone] dosage versus who's going to be really strict about dosage?"

Later on in his transition, a 31-year old female-to-male participant talked about asking for a trans-friendly gynecologist recommendation from his doctor. When his doctor did not have any recommendations, he turned to his trans friends who passed on local knowledge. He recounted his experience:

At one point, I had to see a gynecologist and the doctor that I get hormones from is just like a general practitioner and he supposedly sees a lot of trans guys but he didn't have any recommendations. I was like, "Really!?" I ended up asking a couple [trans] friends and they recommended the same gynecologist.

One 29 year-old female-to-male participant spoke about relying on others in the trans community for recommendations of "top surgeons." He said, "I already have my top surgeon picked out and it was actually a couple recommendations from the trans community for sure so...definitely a much better resource than the institutions in America." Another female-to-male participant, a 25 year-old, also talked about local knowledge:

I am part of this private FTM Facebook group for [my local area]...that has been a space I do come back to every now and then...I actually got connected to [my current doctor] through that Facebook group. I reached out and kind of said, "Does anyone know of a primary care physician that is knowledgeable about trans issues?" I left my pediatrician for a primary care facility that I had heard about from someone I knew who is queer and the provider I was seeing was knowledgeable about trans issues but I was being misgendered by everyone in the facility and I just wanted to leave. So yeah, I reached out within that [private FTM] Facebook group and someone mentioned to me to call up [a local physician who works with trans folks] and if you tell her you're trans, she'll get you in...I called and was taken in right away and I am really thankful for that because it's been the best experience I've had in healthcare. It connected me to everything I have for [health and mental health] care right now.

An older adult female with a transsexual medical history told me the story of how she first found out about the local trans support group. She said:

I actually came across a cisgender woman who did electrolysis but she was so much more than that. She was very knowledgeable about us [women with transsexual medical histories]. She had been treating us for about 20 years and rather than just go and pay her fee, well, she sat me down and we had a conversation. She was the very first human being that I ever spoke to about this. I refer to her as my angel. She referred me to some doctors and a local [trans] support group that I knew nothing about but she did. She gave me the information and she put me on the path. She was amazing. She is an angel.

One participant, a male-to-female transsexual woman, talked about navigating the complicated legal name and gender marker change process. Stressing the usefulness of local knowledge passed on from other transgender people, she said:

The in-person [trans] support group did help me a lot with figuring out the steps to go through with name change and gender marker change and which steps to go through first to kind of work the system to be able to get female on everything. That was useful because I would have never figured that out on my own. There were many different people giving many different opinions on how to do it but the synthesis of all that helped... I would not have thought of that if I hadn't been going to the support group. It's kind of a loophole of sorts.

In speaking about access to shelter while traveling, a 35 year-old female-to-male spectrum participant with deep connections to trans and queer communities, as well as BDSM/kink and other communities, said, "I spent two years travelling around the globe with no home and most of the time where I stayed was with trans folks or with gender non-conforming folks or folks I met through those social networks." He continued, "Those social networks, that entire chain, she [my cisgender partner] would have no access to those resources. It is really fascinating to consider the bonuses we have. The blessings we have in these communities." He went on to talk about how he contributes to this alternative economy, stating, "I have passed on binders, passed on prosthetics, passed on clothing hand me downs, and hair products. I have passed on make-up to trans women where I am like, 'Hello, you look like about my old color.'"

The youngest participant, a 21 year-old transsexual woman talked about crowdfunding, which involves collecting small donations from a large number of people, most often based on

social networks. Based on her relationships with other transgender people, this young woman is raising funds for her gender confirmation surgery. She said:

I have my gender confirmation surgery in July and my partner and I are both working part-time. But, you know, on minimum wage it is really difficult to pay bills and still save money so I've been crowdfunding a lot. The trans community has been really helpful with that so I've raised quite a bit of money to be able to afford this [gender confirmation surgery].

Another transgender young adult, a 23 year-old non-binary female-to-male spectrum participant, makes the connection between online support and alternative economies. They said:

People posting fundraisers [to online forums and social media] happen fairly often. An example I can think of is a [trans] guy made a post [on a trans-specific online forum] freaking out about how he was getting top surgery in a day or two and his parents had just kicked him out of the house. So he was going to have to live in his car while recovering from surgery and people told him, "Make a GoFundMe [a popular crowdfunding platform] and we will give you money." He ended up raising enough money to stay in a hotel for a few weeks.

In conclusion, most IS participants have experienced community support from other trans individuals. Furthermore, the majority of participants reported that community support from other transgender individuals was an overall a positive experience. The next section explores FGS findings related to community support.

### **Community Support – Focus Group Sample (FGS)**

The focus group, held at an annual transgender conference in the northeast, was approximately one-hour long and included four (4) adult transgender participants. One major theme that emerged from the data related to community support was the value of both face-to-face and online support.

**Face-to-face support is valuable.** All four participants talked about the value of face-to-face support from other trans individuals and three out of four participants agreed that this face-to-face support provides a depth of connection. One participant, a 30 year-old female-to-male

participant who co-founded a transgender advocacy group and facilitates a monthly transgender peer support group said, “I think human contact provides a certain richness that you don’t get with online.” After listening to others in the group talk about their own positive personal experience with face-to-face support, he reflected:

I found that since I started the [trans peer support group], each person that comes and even myself you can see the growth each time you see each other. You are more eager to share and, to an extent, you are more open. With face-to-face, at first, you might be a little bit timid but you get much more out of it the longer you maintain that contact.

A 47 year-old trans man spoke about the value of in-person trans peer support groups. He said:

I think [trans] peer support groups are invaluable. When I’ve gone I’ve seen other people who are in real need, from the person who barely made it through the door because they are terrified to people who have fully transitioned, whatever that means to them – surgery, no surgery, hormones – I think it’s just invaluable.

He continued, talking about his personal struggle with isolation and the felt “presence” he receives from face-to-face support:

For me I prefer to have the face-to-face. It’s so easy to be isolated. And yes, you can go online and be whomever you want but there’s no connection. One of the really important things is to have a physical, like in the same room, presence and experience...It really is invaluable to make human connection with somebody you can look in the mirror and say, “I see me in you.”

This middle-aged trans man referenced the importance of a “mirroring presence” with like-minded others. Agreeing with the experience of felt presence and connection, a 69 year-old genderfluid participant who was assigned male at birth said:

Maybe it’s my age, but frankly I am not into this online connection because I really do want to have it face-to-face. That’s what I would seek out in terms of community. To have a personal connection that involves being in the presence of other people.

Although all four participants spoke about the richness, felt presence, and connection from face-to-face support, focus group members had positive sentiments about online support, too. One participant, a 53 year-old male-to-female transsexual woman said, “I meet more and more people

through transgender specific Facebook groups. It's been a fantastic community of great people. It makes me feel good about myself." A 30 year-old female-to-male participant talked about the value of online support, especially for trans individuals who live in areas where face-to-face community support is not easily accessible. He stated:

Depending on the area you are from or what city or neighborhood you live in it is not as easily accessible to find a community. So the internet does, especially Facebook, up for anybody to get information. Instead of going to the library to find a book you just type it in and get information at a much faster pace.

It is noteworthy that he lived thousands of miles away from the location of the transgender conference where the focus group convened. Further illustrating the value of the internet, he recalled, "The internet is how I found out about this conference."

### **Resilience – Individual Sample (IS)**

All participants in the Individual Sample (IS) were asked about resilience. Three key themes emerged from participants' experience of their own resilience: *normalization, perspective-taking, and reciprocity or mutuality*.

**Normalization.** Eight out of twelve participants talked about how meeting other transgender individuals helped them to normalize trans identity, suggesting that normalizing transgender identity directly mitigates internalized transphobia, or shame. A 31 year-old female-to-male graduate student spoke about the normalization he felt early on in his self-discovery process when he met a trans man for the first time. He said:

The most helpful thing was how much it normalized things for me. I had this picture. This was like 2008 and this was fairly early in terms of general awareness of trans people. Having [name omitted] be one of the first people I met was really important because he was so normal. Like I hate saying it that way, but he was such a regular guy. Like he went to college. He was smart and articulate and I was just like, "Oh, okay, I can see me being like this. These aren't just a bunch of crazy people." Which I hadn't completely convinced myself of yet because I didn't have any personal experience with meeting trans people. The normalizing thing was huge for me. That was the biggest thing I got out of it.



Several transgender people in this study referenced how either seeing or talking to other transgender people helped minimize feelings of shame, by humanizing and normalizing trans identity. One 24 year-old male-to-female transsexual woman captured the sentiment well when she stated, “Getting to know other trans people just makes you feel a little less weird and even if they don’t have any other effect than that, it sort of normalizes it, I guess.”

One 38 year-old genderqueer participant on the female-to-male spectrum recounted how he helped one of his trans pen pals by agreeing to meet this young trans man’s mother. He talked about driving an hour and a half to meet the young man’s mother with the goal of normalizing trans identity. He said:

One [trans] guy that I talked to online lives in the state that I live in and at one point he was like, “Hey, can you come and meet my mom? She thinks that I am never going to have a job and no one is going to love me and I just want to show her that you’re normal.” He lived like an hour and half away and I don’t think he had started T at this point, but my boyfriend and I drove an hour and a half to his house and met his mom and met his brother and answered their ignorant fearful questions. I was working [at the same professional job] where I work now, and it was satisfying to have his mom be like, “So, ya know, what kind of jobs do you have?” and for me to be like, “I have this super upstanding professional sounding job.” And then she asked, “How long have you guys been together?” and you know, we had been together for years, so it was like really helpful for his family, in that process, to be able to meet a real live [trans] person.

A couple of the older participants agreed that it was important to see yourself reflected in others as a way to normalize trans identity and feel less alone in the world. Visibility is closely related to normalization. A 53 year-old transsexual man said:

You know, back in the day, we would talk about the Phil Donahue show. Phil Donahue was a talk show host of the day. And people would see a trans person on this talk show and some would say, “No, it’s a problem being on talk shows.” But, actually, if you live in Idaho and you see yourself for the very first time, then you know, “I am not alone and there’s other people like me.”

An older adult female with a transsexual medical history speaks about how talking with other women with transsexual medical histories significantly reduce feelings of shame. She speaks

about the emotional experience of working with an openly male-to-female gender therapist and then connecting with the local trans support group. She said:

One of the greatest things that she [my MTF therapist] taught me was that I had nothing to feel guilty or have shame about. Like a lot of us, it was so overwhelming. And then going to the support group and actually meeting in-person other people that suffered the same thing and had similar stories, that connection for me, it was very deep...For 51 years it was me crying and screaming, bleeding and praying and everything with God and to no one else. So at the support group all of a sudden here they are flesh and bone, other people that suffered this and understood this and could explain this and had been through the same or similar experiences and it was so overwhelmingly good. Just to know that they existed.

For this woman, taking the risk to connect with like others seemed like an insurmountable obstacle. Yet, she passionately spoke about gaining resilience by finding other women with transsexual medical histories who understood her painful experience and could normalize it by challenging the decades of shame she internalized within her emotional and spiritual self.

**Perspective-taking.** Seven out of twelve participants talked about how perspective-taking, or the ability to see things from another's viewpoint, relates to resilience as a transgender person. A 21 year-old male-to-female transsexual woman stated:

I think one of the hardest things to do as a trans person is to kind of keep a positive outlook and not become bitter. Because it's really easy when you are reading all of these horrible articles and when people are arguing whether or not you deserve to be able to pee in a public bathroom. It's really easy to let yourself become bitter but I think that one of the most difficult things to do as a trans person is to be able to keep a positive outlook despite all that, and I like to think that's a strength of mine.

In the above passage, she referenced how the current political discourse about transgender rights and justice impacts her mental health and well-being, which she connects back to resilience and having a positive outlook.

One 24 year-old male-to-female transsexual woman talked about how her connections to other transgender people helps her gain perspective and feel less alone. She said:

It's nice to know that other people are struggling and that you're not alone in it and comparatively you might not have things so bad even though they might feel that way at the time. It gives some perspective.

Later on in the interview she goes to say that her resilience sometimes comes from realizing her economic privilege in spite of her struggles. She said:

For me, also realizing just how lucky I am. I happen to be in a position where I can afford therapy. I have a couple trans friends around the country and one friend goes through so much just because she can't make enough money to go to therapy or afford her hormones or anything.

An older adult female with a transsexual medical history talked about an employment discrimination lawsuit she was involved in. She stated that she was unlawfully fired from her job due to her gender identity and talked about the loss and pain this has brought into her life. However, she articulated that if she wins this lawsuit, it would benefit the larger transgender community and help protect transgender people from future employment discrimination. She said, "The resilience has been tempered with huge amounts of depression but the knowledge that I know that I have to keep pushing forward because it's more than just me." Her perspective-taking helps her to tie her pain and struggle to a larger movement for transgender justice and liberation and serves as a reminder of collective resilience.

Another individual, a 33 year-old female-to-male spectrum participant, talked about the importance of "trans elders." He makes a connection between resilience and gaining deeper perspective by knowing and honoring those that came before him. He said:

I mean I do think that the resilience of the trans people that I know and my connection to them, I really feel like, have created a very strong pathway. A lot of my friends coming out or medically transitioning or kind of making outward changes like 10 or 15 years ago was really fucking hard. And not to say that it isn't now at all but it's very different. And that context exists for conversation and dialogue, at least here where I live, and I really believe that a lot of my resilience developed as a result of knowing that they have already developed that and already laid that path. And I have said thank you to them and I continue to name that.

One 38 year-old genderqueer individual on female-to-male spectrum talked about how dialogue with other transgender folks helps him with perspective-taking. He said:

Talking to other people and hearing about their experiences, and some of them have had great experiences, but a lot of us really struggle, even finding that space of like, “Okay, well I transitioned and now what?” Like you know, there’s still fucked up things in my life. Just having some perspective and not feeling alone. Those are huge.

Lastly, a 31 year-old female-to-male participant talked about the perspective he gained from attending an in-person trans peer support group. He said:

I met some really disadvantaged people at [the in-person trans peer support group] and so it was kind of like if I was feeling bad about my situation, it kind of helped to hear other people and what they were going through. It helped put it in perspective. At least I am not worried about becoming homeless. Or at least I am not worried about losing my job or something like that. Which kind of helped to keep me centered because it really can be worse. It can be a lot worse and here are some people that it’s worse for. There are people who literally are couch surfing because they don’t have a place to live and they don’t have a job. So there are a huge variety of experiences. It helps you be grateful for all the bumps that come in any [gender] transition, helps you be grateful that it wasn’t a lot worse because it could have been. Community can be helpful, especially when you get wrapped up your own stuff, ya know, to be able to take a step back and say, “No, it’s really not that bad.”

**Reciprocity or mutuality.** Another theme that emerged from data on resilience was reciprocity or mutuality in relation to other trans individuals and communities. Seven out of twelve participants alluded to concepts of reciprocity or mutuality.

One 29 year-old female-to-male spectrum individual talked about the value of reciprocating the support he received from other trans men. He said:

In the beginning they [other trans men] did help me out a bit with the questions I had so I try to reciprocate that now to guys coming in or whatever the case may be...I love helping [other trans] people with their problems as best as I can. Like, “Hey, do you have any thoughts or ideas about possibly coming out to somebody?” or “I am not getting enough facial hair, do you know how I can get more?” You know things like that. It’s pretty fun. I have a couple close FTM guys that I talk to that are pre-T and hearing their stories is pretty darn cool.

Another participant, a 21 year-old male-to-female transsexual woman also mentioned reciprocity. She stated, “I have had friends lend me hormones when I couldn’t afford them and I’ve done the same for other trans people.”

One 41 year-old new parent on the female-to-male spectrum talked about the mutuality of creating spaces where both he and others feel welcome, and connects his leadership back to how he personally benefits and gains resilience from creating these welcoming spaces:

I think resilience for me is that, I dunno, it’s part of abundance I guess. I want to feel like I am doing something to give back while creating space for me. I feel like the thing about advocacy or hosting or convening is like I am doing it for myself as well as for other people. Now, as a new parent, I started a Facebook group before my son was born, which has 300 people in it, and we host a monthly event. Part of why I do it is that if I am hosting then I am going to be welcomed there. So my resiliency is that I am afraid of being alienated or marginalized, um treated like a unicorn, like, “Wow, I didn’t know anyone like you existed.” And yet, if I create a space, and I am helping other people feel welcome and helping them find the connections, resources, and community they need, well, I also benefit from that. It’s not just a one-way street. I am much more comfortable coming into a space where I am known but I am known because I have already shared and supported other people in some way. Like that’s my coping mechanism. My fear of being left out is to create spaces where no one feels left out.

One older adult female with a transsexual medical history feels strongly connected to the transgender community. In her interview, she spoke about perseverance. There seems to be an association between her own resilience and the mutuality of community support. She talked about feeling resilient in spite of the arduous legal battle she is fighting due to employment discrimination. She said:

It hasn’t all been good. I’ve lost a few to suicide...There have been a lot of close calls. It’s a back and forth and we have to be there for each other...When you talk about resilience, I guess that’s what it amounts to, I refuse to give up. So far I have refused to give up because I know that my whole goal is to benefit the community and even more if I can. That’s where my resilience is coming from. That’s where I know I have to finish this out. The trial has to have an ending and good or bad, which hopefully is going to be good. A lot of us are very very positive because there have been a lot of people, not only legal people, but support from my friends in the support group and outside of that and [transgender] friends across the country and people that I admire for being so absolutely

incredible, there's just too many to name them all but, it's for them [transgender people]. It's for all of them.

### **Resilience – Focus Group Sample (FGS)**

One major theme that emerged from the focus group was the importance of transgender role models. Participants talked about how trans role models helped them develop resilience.

**Everyday transgender role models are important.** Three out of four participants in the FGS mentioned the value of everyday transgender role models. One participant, a 53 year-old male-to-female transsexual woman talked about going to a transgender conference and what it was like to meet other transgender people for the first time. She stated:

Prior to [attending my first trans conference a few years ago], I didn't know another trans person and I didn't think transition was possible...[at the conference] I learned about everything from hormones to legal aspects...It wasn't until I came to this conference for the first time that I started to meet some really cool people who just happened to be transgender. It changed my life. It changed my everything. [Now] it's a community I am quite proud to be a part of.

In the focus group, she talked about how terrified and fearful she felt before meeting other transgender women, and that through seeing other transgender women go out in public “dressed” in the safer environment of the transgender conference helped her gain the courage to integrate her gender into the public realm. She gave a specific example of how trans women role models gave her the courage to walk into the ladies restroom for the first time by being with them and following their lead. She said:

I was scared as hell to use the ladies restroom and I was out with other trans ladies and they went to the bathroom and suddenly I was like, “Holy crap, I am in the ladies room.” Without people to show you that you can just be out in society and just be yourself, I was very afraid of going anywhere and walking out the door. My first year at this conference I only had guy clothes and the second year I really challenged myself and I brought skirts.

Another participant, a 47 year-old trans man, talked about the life-changing experience of finding out a former teammate from his high school softball team eventually came out as transgender and transitioned. He said:

I didn't have a lot of friends and it wasn't until 15 years later that I randomly bumped into someone that I went to high school with... We played on the same softball team together. She told me about someone else we played softball with who actually transitioned and that moment changed my entire life. As I got older, I have heard of Chaz Bono and people like that but it still wasn't my reality. I couldn't do that. I heard that this person [from my high school softball team] transitioned. I came from a very affluent town and that, too, I didn't feel like I fit in because my family was not money. But I said to myself, "If he can do it, well, he's really smart, like he went on to get his college degree and everything. He's not a freak. I'm not a freak." At that moment my whole life changed. That's who I am and it's okay. I still had some turmoil around it, but seeing someone else and being able to identify with just a regular person, not a celebrity you see on TV, well, that changed my life.

A 30 year-old female-to-male participant remembered how he felt listening to a trans man speak at a LGBT pride event. He said:

One person at the coming out symposium identified as a trans man. It [my gender identity] was in and out of my mind for sometime but I think it helped seeing somebody with a girlfriend who was together with her before he identified as a trans man. Seeing people sharing their stories and knowing that it's possible...that was important for me to see because I've been together with my partner for 6 years so it's not just about me and I would love for her to still be with me.

### **Community Support from Other Transgender Individuals and Resilience - Individual Sample (IS)**

Some participants in the IS explicitly talked about how community support from other transgender individuals helped them develop resilience. One 33 year-old female-to-male spectrum participant articulated a common theme underlying the relationship between community support from other transgender individuals and resilience. He stated, "That goes back to, like, how did I find my 'friend family'? I mean we find each other because we need that. And we develop resilience by being among people like ourselves."

**Socioeconomic status and discrimination.** An apparent association between experiences of discrimination, annual household income, community support from other trans individuals, and resilience emerged in the findings. Three IS participants who fell into the lower 66% of the annual household income statistics for the past 12 months—and were not full-time students—talked about their experiences of discrimination and connected experiences back to resilience and community support from other trans individuals. The youngest participant, a 21 year-old male-to-female transsexual woman with an annual income of less than \$10,000, made a connection between discrimination and resilience. She stated:

I think anybody who is trans has to be a resilient person. I mentioned this earlier, it's the way society perceives trans people, you have to kind of be able to um...ya know...despite all the horrible things that you're going to read online and all the transphobia in the world. You just have to persevere. Yeah, I think being trans you have to be very resilient in general... Early in my transition before I started hormones, I didn't have that [passing] privilege and I was trying to find jobs because I was homeless because I had been kicked out by my parents when I came out as trans. And finding a job, especially in a very rural area, especially when you are a non-passable trans person, um...it's incredibly difficult and I just remember spending month after grueling month and being told, "Oh, you're not what we're looking for," and dealing with blatant transphobia in the workplace and losing jobs because of transphobic members of HR and dealing with things like that it would be a lot easier to just give up.

Earlier in the interview, this same young woman talked about how community support from other trans individuals was a lifesaving experience. She said, "I honestly don't think I would have had the courage to transition had it not been for my online connections [to other trans individuals]—the forums, the chatrooms, the facebook groups etc...and if I hadn't transitioned, I honestly don't think I'd be around today."

The oldest IS participant, a female with a transsexual medical history, spoke passionately about her own perseverance stemming from knowing she's not facing her struggles alone. Currently underemployed after being fired from her job due to discrimination based on gender identity, she said:



Knowing that so many of us face the same exact issues in the same way, well, that part has been most helpful. *That's* where the resilience comes in because it makes you want to not quit. If we keep pushing and keep pushing and keep pulling on this wagon together we will get to where we want to be one day. *We* may not benefit from it in our generation but those younger than us, the kids and stuff like that, maybe one day they won't have to deal with all of this.

She talked about how her resilience is a cultivated by both shared experience with the trans community as well as a greater sense of purpose. Despite her struggles, she expressed wanting to make the world a better place for future generations.

Another participant, a 29 year-old female-to-male spectrum parent of two who reported his annual household income between \$10,000 and \$30,000 talked about his experience of health insurance discrimination based on outdated trans exclusion clauses. He stated, "Medicaid wouldn't pay for testosterone so I have been paying out of pocket for the last two years because insurance here does not pay for transition-related care for transgender people." Later on in the interview, he mentioned health insurance discrimination again, connecting this to his family's financial struggles, as well as the lack of employment nondiscrimination protections for gender identity and expression in his home state. He said:

I've been through the Medicaid system and the only way to get anything covered in the state is to buy private insurance and the problem with that is it's like \$350 month for one person and the average income around here for a family of four is variable. But, we [my family] just made \$10,000 last year and we're now maybe looking at \$30,000 because a new job my husband gets. And if get hired on somewhere I can easily get fired so, you know, it's a really bad problem still.

At the end of the interview, he was asked how community support from other transgender individuals has impacted his life. He responded:

Just knowing that I am not alone is a big buffer. Having friends that are trans and knowing that I am not crazy and I am not going crazy. Just knowing that I am not the only one struggling as well and that it's not just my life.

**Cultivating resilience through connection.** Another participant, 24 year-old male-to-female transsexual woman said, “He [my trans best friend] played a huge role in helping me go to therapy and getting over depression and self-harm and all sorts of stuff like that.” In her experience, the emotional support she received from her trans best friend had a negative correlation to symptoms of depression and played a significant role in helping her persevere despite facing mental health struggles.

One 31-year old female-to-male participant talked about volunteering for a leadership role at a local transgender peer support group very early on in his own transition. His sense of responsibility to the group helped him develop a personal sense of resilience and courage to begin his own transition. He said:

I started going to [a local trans peer support group] and a couple months later the facilitator announced that she was leaving so there was this meeting of who’s going to get involved. I was the only one both willing and able to start facilitating the group so I kind of inherited it very early. I mean I was still a year away from transition at this point. I was in this really awkward situation because I wasn’t even out at the first Pride festival [where I was tabling for the trans peer support group]. Like I hadn’t come out at work yet so I was in this really weird space that I wouldn’t wish on someone else but because of that it kind of forced me to be more resilient because I was the facilitator I was going to be looked to as some kind of a leader. It was like, “I need to just get through my own shit so I can help these other people.” It kind of forced me to just keep it together for myself and keep moving forward. Like they say you don’t get the courage to do something before you do it. You don’t get the courage until after you do it...like not being able to wallow in whatever I was going through. I felt like I couldn’t go to the support group and complain about how bad things were because I was facilitating...So that really helped me solidify getting to a point where I was [emotionally] strong enough to transition. It sped up that process.

One 38 year-old genderqueer individual on the female-to-male spectrum said, “Not everybody can relate to everybody else’s experiences but the people that I rely on the most for just day-to-day resilience and strength are people that I’ve met through the trans community because there’s less bullshit.”

## **Community Support from Other Transgender Individuals and Resilience – Focus Group Sample (FGS)**

Some focus group participants explicitly talked about how community support from other transgender individuals helped them develop resilience. The oldest study participant, a 69 year-old genderfluid individual reflected on her experience and stated, “The resilience comes from connecting and disconnecting over the years with the transgender community based on life circumstances.”

Two focus group participants specifically talked about their experiences in trans peer support groups and how their own personal resilience is cultivated in those spaces. A 30 year-old female-to-male participant said:

For me, being in a support group is...you know...sometimes you get trapped inside your head. Either you overthink things or you let all your insecurities run wild. If you allow yourself to be vulnerable and just open up and share your thoughts it does help to ease some of that anxiety and gives you a space to be yourself more whether you are at the start, middle, or end or wherever you are in your own process. Before I sat in a support group, it was more like I just couldn't center myself as much so it does help to give yourself that space.

For him, attending a trans peer support group helped quell some of his insecurities and anxiety.

Another focus group participant, a 47 year-old trans man spoke about staying engaged in the trans peer support community over time and wanting to move into a leadership role. He said:

I want to continue going to receive support but I also see so many people that are in need, even if it's just a smile or a “hello you're not alone.” It kind of motivates me to give back and do whatever, in any small shape it would be, to help. Fill a position or something like that to help because I think it really is invaluable to make human connection with somebody you can look in the mirror and say, “I see me in you.”

It seems that the mirroring he experiences through his relationships to other trans individuals helps him cultivate a sense feeling understood. He reflected on how he has not yet internalized a personal sense of his own resilience, but that connecting with the trans community helped him feel more confident:

I don't think I'm resilient. I kind of rollercoaster through a lot of my life...the more I try and connect with my [trans] community, at heart, I think I become more resilient. I feel more confident. I see myself in other people. But I don't always feel resilient. It's the rollercoaster.

### **“Trans Enough” – A Divergent Theme**

A divergent theme that emerged from this study is that the transgender community perpetuates the “trans enough” narrative. Two participants in this study mentioned this in the data. Not being “trans enough” is the notion that one must take certain steps to transition or follow a prescribed path in order to truly be included in the trans community and to claim the label transgender. Sometimes “trans enough” stems from a rigid gender binary system that gets perpetuated within the trans community. Furthermore, some binary-identified transgender individuals' failure to recognize the legitimacy of genderqueer, non-binary, and gender non-conforming identities is problematic. One participant from the IS, a 25 year-old transgender individual, had a negative experience when reaching out for community support from other transgender individuals. In connecting with trans community, he felt pressured to make certain decisions about his transition and how he was expected to behave based on gender stereotypes.

He said:

A lot of trans men fall into that trap of, “Okay this is what I have to be now because I'm trans and I'm a man so like this is what that means,” and obviously that's not everyone...Along with that comes this “trans enough” idea, you have to do this, this and the other thing to be trans, in order to fit into those parameters of masculinity within society and therefore in order to interact with transmasculine communities.

When asked if he felt connected to transgender community or communities, his initial response diverged from the majority of other responses within the sample. He stated:

I don't [feel connected to transgender community] really. At first when I was coming to terms with the fact that I might be trans and learning about it, wanting to know more about it, and therefore wanting to meet and talk with other people, I kind of sought them out...I happened to meet a lot of people online. There's a really large community of trans men and transmasculine people on tumblr. In the beginning it was really nice to

sort of see other people and hear their experiences because it felt like, “Okay, I am not the only one.”

Although he actively sought support from the trans community, his concerns were not heard or validated by the trans individuals whom he reached out to. He continued, saying:

...What I ended up finding is that the more time that I got to know this one [trans] person in particular who became kind of like a mentor for me...He was on hormones and he had top surgery and was living his life as a man all the things seemed to be going okay. I looked to him for who I could be in the future and it ended up...I sort of felt like he was trying to push me into different processes of transition. I didn't want to change my name until I had come out to my parents. He was even saying, “You can start hormones now. Those changes don't show for a few months so your parents won't know,” and I just didn't want to do that so I waited...I was really scared to start hormones. Like I was excited but at the same time it was terrifying because it was like okay what if I go through this and I find that this actually isn't what I wanted and some of these changes I can't revert...What I found when I tried to reach out to other people who are trans was that a lot of them were just sort of like, “Oh it's normal, just keep going, just keep doing things,” and I just didn't really feel like my concerns were being heard. I felt like, well not like they were brushing it off because they were acknowledging it, but I don't think [other trans] people were considering how strongly I felt and how confused that I felt and that's really what I needed.

Another person in the study, a 23 year-old non-binary female-to-male spectrum graduate student talked about seeking support from other trans individuals and not feeling understood. They said:

I've been thinking about gender identity for as about as long as I can remember but I didn't think of it as trans for awhile...I remember in early high school coming across one or two websites of [trans] guys who transitioned, like their photos through the process and their feelings about it. It seemed very different from what I was feeling so I just kind of figured well I guess I'm stuck being a girl then.

They talked about what the lack of connectedness they feel to some of queer student groups at their college. They said:

There are various [queer student] groups at my school. Discussion groups, more than support groups really, that I've been a part of. I never really felt a very strong sense of community around any of those. I'm mostly just felt not “queer enough” there and left again...I guess that was more a few years ago before I started T and before I thought of myself as trans. I was in this place of not feeling like a girl and not wanting to be a girl but looking more or less like a girl. Not feeling quite “trans enough” or quite “gay enough” to be part of that place, even though no one explicitly told me that I shouldn't be there or anything like that.

The divergent findings show that “queer enough” and “trans enough” can be barriers to the formation of positive connections within the trans community. The two participants that sought community support from other trans individuals, only to be met with unwelcome advice about transition or to not see themselves reflected back in the individual identities that make-up the trans community, talked about how their concerns and feelings were not validated. This seemed to lead to feelings of isolation and a mistrust of community support from other trans individuals.

The graduate student talked about how their relationship to queer and trans space has changed over time. They said:

Well I feel like I have my official “trans card” now that I am on T and visibly trans and it is quite comforting feeling like I have a very clear right to be there even though that shouldn’t be necessary.

The 25 year-old transgender individual who felt that his concerns were not heard eventually stated that it was his separation from trans community that helped him come to terms with his gender identity and that this separation resulted in more resilience. He said:

I think, for me, it honestly took about 2 years before I was okay with who I was and I was like, “Okay I am trans, I am sort of on this masculine spectrum and I think I would like to transition.” And eventually I did start hormones again...but...I had to sort of separate myself from the [trans] community and distance myself for a while. I started to unfollow some of the blogs I had been following on tumblr in the beginning that had made me feel really valid because I was finding that it just made me feel sort of confused and upset. And I spent a lot of time thinking about it by myself and also in therapy.

## **Conclusion**

In summary, key themes emerged from participant data in the two main areas of interest: community support and resilience. Looking at the IS, four key themes emerged from participants’ experience of community support from other transgender individuals: cultivating empathy from shared experience, giving support to others, connecting online, and investing in

community knowledge & alternative economies. Furthermore, one key theme that emerged from FGS data about community support was the value of both face-to-face and online support.

Looking at the IS, three key themes emerged from participants' experience of their own resilience: normalization, perspective-taking, and reciprocity or mutuality. Furthermore, one key theme that emerged from FGS data about resilience was that everyday transgender role models are important. The major findings presented in this chapter will be discussed in the next chapter.

## CHAPTER V

### Discussion

The purpose of this study was to collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience of their own resilience. For the purposes of this study, *community support from other transgender individuals* is inclusive of both formal and informal configurations of social, emotional, tangible, and/or informational assistance and this term broadly encompasses one-to-one, group, and larger community-based forms of support from other transgender individuals. For the purposes of this study, *resilience* is defined as “the ability to connect, reconnect, and resist disconnection in response to hardships, adversities, trauma, and alienating social/cultural practices” (Hartling, 2008, p. 56).

### Major Findings

The major findings show that many transgender individuals, through their narratives, are inclined to report a mirroring of support from other trans individuals and an experience of resilience. Connecting online and investing in community knowledge & alternative economies were major findings that emerged from participants’ experience of community support from other transgender individuals. The experience of reciprocity or mutuality emerged as a key finding from the individual sample participants’ experience of their own resilience. Additionally, one key theme emerged from FGS data about resilience was the importance of everyday trans role models. Lastly, one divergent—though salient—theme from the data is that the transgender community may perpetuate the “trans enough” narrative.



In this chapter, I discuss the aforementioned major findings in relation to literature and detail the strengths of the study as well as its limitations. I discuss implications of this study for both practice and policy and conclude with recommendations for future research.

Due to previous research findings about this population's marginalization, particular attention was paid to narrative data that explicitly suggests structural oppression. Many participants did not necessarily use the specific language to name their experiences as "structural oppression." However, findings of structural oppression were reflected in the data when participants talked about specific experiences of discrimination, denial of access to needed resources, and marginalization within mainstream structures, including but not limited to employment, healthcare, housing, and government-sponsored systems such as the DMV and courts.

**Connecting online.** Connecting online was an unexpected theme that emerged in this study. Eleven out of twelve participants referenced connecting online—for emotional support, resource sharing, or both. Generational differences emerged the use of online support from other transgender individuals. Younger transgender participants utilized the internet for both resource sharing *and* for emotional support from other transgender individuals not previously known to them. This finding supports previous qualitative research that found the use of social media for transgender youth and young adults of color was empowering and validating—a source of resilience—in connecting with other transgender youth of color (Singh, 2012).

**Investing in community knowledge & alternative economies.** Another major finding was the investment in community knowledge and alternative economies within transgender communities. Both of these findings are related to the sociological concept of social capital (Putnam, 2000). Due to a long history of discriminatory healthcare exclusions specifically

targeting transgender people, many trans individuals rely on knowledge from within trans communities to access care as evidence by multiple narratives from the data. Some participants indicated having an experience of asking other transgender individuals about transgender-knowledgeable healthcare providers or other healthcare-related questions.

*Community knowledge* is a form of local knowledge “related to small social units” (Antweiler, 1998, p. 471). Before the age of information technology, crucial information was passed on by word of mouth. Furthermore, *people’s knowledge* is another variation of local knowledge, defined as broadly disseminated knowledge that has the potential for political resistance (Antweiler, 1998, p. 471). One participant, a male-to-female transsexual woman talked about local knowledge from within the trans community helped her change her name and gender marker. She said:

The in-person [trans] support group did help me a lot with figuring out the steps to go through with name change and gender marker change and which steps to go through first to kind of work the system to be able to get female on everything. That was useful because I would have never figured that out on my own...I would not have thought of that if I hadn’t been going to the support group. It’s kind of a loophole of sorts.

People’s knowledge, gained through the personal experiences of others and passed on by word of mouth, created a pathway for this woman to change her name and gender marker. People’s knowledge from within trans communities, coupled with “loopholes” within the system, formed a place of political resistance.

Data that support the creation of informal alternative economies is closely related to data about investment in community knowledge within transgender communities. Both of these findings are indicative of theories of social capital (Putnam, 2000). Alternative economies focus on trading goods or services, providing basic needs like shelter or food, or raising funds through relational—or community—connections. Another major finding from the data is that some

transgender individuals leverage social capital, or more specifically relationship-based financial resources, for assistance obtaining shelter, gender confirmation surgeries, and hormones.

Leveraging relationship-based financial resources is essentially a form of bonding social capital, and may include trading goods or services or giving or receiving monetary donations based on in-group human relationships and connections. Bonding social capital supports reciprocity and mobilizes solidarity within an exclusive in-group identity (Putnam, 2000). In speaking about access to shelter while traveling, a 35 year-old female-to-male spectrum participant said:

I spent two years travelling around the globe with no home and most of the time where I stayed was with trans folks or with gender non-conforming folks or folks I met through those social networks...It is really fascinating to consider the bonuses we have. The blessings we have in these communities.

The creation of—and investment in—alternative economies based on human relationships may derive from the high unemployment and underemployment rates in the transgender community (Grant et al., 2011). Data from the most recent National Transgender Discrimination Survey shows transgender people are unemployed at twice the rate of the general population, with transgender people of color unemployed at roughly four times the rate of the national average (Grant et al., 2011). When denied access to basic needs and medically necessary healthcare due to gender identity-based discrimination (Grant et al., 2011; Institute of Medicine, 2011), some transgender individuals relied on bonding social capital, turning to one another for material and financial support.

**Connectedness and resilience.** A few of the themes that emerged in this study—particularly normalization of trans identity, cultivating empathy from shared experience, and the importance of everyday transgender role models—support previous literature on the value of community and connection in helping trans individuals disrupt internalized transphobia and promote resilience (Bockting et al., 2013; Lev 2007; Singh et al., 2011)

Many transgender individuals feel more resilient when in community with like-others, which supports findings from a previous study that found trans community connectedness was significantly associated with lower symptoms of depression and anxiety (Pflum et al., 2015). Data from this study support a previous Canadian community-based participatory action study that found trans women experiencing homelessness created strong family-like networks of support with each other (Sakamoto et al., 2009).

Two emergent themes in this study—giving support to others and reciprocity or mutuality—support Singh, Hays, and Watson’s (2011) previous findings that being a positive role model for others helps transgender adults cultivate resilience. More than half of participants talked about resilience as reciprocity or mutuality with other trans individuals. Reciprocity refers to the back-and-forth transactional nature of giving and receiving support from another person and is often characterized as a “doing for” someone, while mutuality refers to a “doing with” others with a particular recognition of the group or community’s collective benefit (Kaplan, 1994). Participants who talked about interactions with other trans individuals through the back-and-forth of sharing resources or emotional support (Sakamoto et al., 2009), the creation of welcoming spaces (Sakamoto et al., 2009), or the recognition that their struggles are tied to the collective activist-based movement for transgender liberation (Singh et al., 2011), support the previous literature indicated. Moreover, these findings echo previous qualitative research findings that connecting with an activist transgender community enhances resilience (Singh & McKleroy, 2011).

**Giving support.** Many participants who talked about giving support seemed to indicate feeling a greater sense of purpose by helping others. The literature on ego defenses, particularly the use of high-adaptive (mature) defense mechanisms (Perry & Henry, 2004; Metzger, 2014)

categorizes altruism as a high-adaptive (mature) ego defense. According to Metzger (2014), high-adaptive ego defenses serve as positive resources for coping with stress. Findings from my study show transgender adults' experiences of giving support to other transgender individuals, as well as experiences of reciprocity or mutuality, may be categorized as a high-adaptive ego defense, helping trans individuals cultivate resilience through a protective process of adaptation. Findings of giving support to other trans individuals and experiences of reciprocity and mutuality also support one of Rutter's (1987) definitional approaches to resilience as a promotion of self-esteem and self-efficacy through secure and supportive relationships.

Findings from this study may be important in that they suggest that resilience is not merely an individual characteristic, but rather, emphasizes connections to a larger supportive community of people that reflected their strengths back to them when they could not do so themselves (Singh et al., 2011). Findings suggest an association between mutual support with other transgender individuals and the experience of resilience. It is noteworthy that participants reported that support was a "give and take" experience, i.e., that resilience emerged in mutuality, not just in receiving. This is not surprising, as it supports previous research that found a negative correlation between collective action and internalized transphobia (Breslow et al., 2015) as well as the positive value of engagement with other transgender individuals in building resilience (Singh, 2012; Testa et al., 2014).

**"Trans enough."** The one major divergent theme—that community support from other transgender individuals may contribute this idea that one must be "trans enough"—is important. While only one participant responded that he did not at all feel connected to transgender communities, data two participants referred to experiences of feeling not "trans enough" when interacting with other transgender individuals. One 25 year-old transgender participant had a lot

of insight into how his experience connects to the narrow ways in which masculinity is defined within U.S. culture. He said:

A lot of trans men fall into that trap of, “Okay this is what I have to be now because I’m trans and I’m a man so like this is what that means,” and obviously that’s not everyone...Along with that comes this “trans enough” idea, you have to do this this and the other thing to be trans, in order to fit into those parameters of masculinity within society and therefore in order to interact with transmasculine communities.

This finding supports psychoanalyst Hansbury’s research exploring transgender patients’ narratives from a Kleinian framework, focusing on the use of psychoanalytic psychotherapy to create space for trans individuals to mourn the loss of the idealized self. Hansbury (2005) writes about how a fraternity of transmen friends—or a peer support group—may threaten the masculinities of the group. As indicated by both the depth this one participant’s narrative, as well as Hansbury’s work, more research is needed to explore the perpetuation of rigid gender roles within some transgender communities. This perpetuation of the dominant culture’s dimorphic gender system within some trans community “support” efforts may lead to an exclusion of individuals undergoing gender exploration processes that challenge, defy, or problematize the gender binary.

### **Strengths of the Study**

This study has several strengths. The wide age range of participants in both the IS and the FGS yielded data that reflected the experiences of transgender individuals across the lifespan. Furthermore, national recruitment had a positive impact on generalizability across the different geographical areas of the U.S. Study participants were from six different states, including the U.S. regional areas of the northeast, southeast, midwest, and northwest.

The strengths-based framework of exploring resilience, rather than risk or disparity frameworks, was a benefit of this particular study, especially given the dearth of literature on

transgender adults and resilience (Singh et al., 2011). A major strength of this study is that its design provided a window into the ways that transgender individuals naturally, through their narratives, are inclined to report a mirroring of support from other trans individuals and an experience of resilience. The findings provide a rich description of transgender adults' experiences of community support from other trans individuals. Moreover, the documentation of transgender narratives of community support and resilience through research helps to shift the paradigm away from pathologization of transgender identities and toward greater subjectivity and awareness of lived experiences.

### **Limitations of the Study**

**Sample.** This researcher's use of snowball sampling resulted in a sample that was neither racially nor socioeconomically diverse and, thereby, not accurately representative of the racial and socioeconomic make-up of the transgender population in the United States. The vast majority of the sample was White and the sample's level of education and socioeconomic status was much higher than the average transgender adult in the U.S. Only one participant from the IS was a person of color (8.3%) and one participant (25%) from the FGS was a person of color. Lack of both racial and socioeconomic diversity within the sample failed to produce data that lead to an analysis of the intersections of structural racism, classism, and transphobia

Female-to-male spectrum individuals were disproportionately represented in the sample. The absence of a stronger representation of participants with non-binary and gender non-conforming identities, as well as male-to-female spectrum participants, may be reflective of the invisibility of these members of transgender communities. Historically, the research on transgender populations has privileged binary trans identities and experiences over non-binary ones (Grant et al., 2011; Institute of Medicine, 2011).

**Bias in design.** The cultural assumption that resilience derives from support may have driven the data, as this assumption may have been present in the interactions between the researcher and the participants, particularly due to the researcher offering a specific definition of resilience. This specific definition of resilience, as conceptualized through the lens of relational cultural theory, was offered to participants during the semi-structured interview process and may have had a biasing effect on the findings. Although resilience deriving from support is strongly supported in the literature on transgender populations (Breslow et al., 2015; Grossman et al., 2011; Pflum et al., 2015; Singh et al., 2011; Singh & McKleroy, 2011) support and resilience may indeed be mutual or support may derive from an internal resilience, such as the use of adaptive ego defenses or other intrapsychic processes.

**Operationalizing resilience.** The concept of community support is tangible, while resilience is abstract. Since the research methodology included either a single one-hour individual interview or involvement in a one-time focus group, it was much easier to elicit responses related to the tangible concept of community support. The study did not elicit enough data about individual participants' experience of their own resilience.

An important finding was that community support and resilience were reflective of each other, meaning that when participants were asked about community support they often talked about resilience and vice versa. Due to this conflation of the two main interest areas of community support and resilience, as well as the exploratory nature of this study, a discreet link between them cannot be empirically established based on the data collected. What this study suggests, however, is that resilience and community support go hand-in-hand, and it seems clear that there is some sort of mirroring relationship between the two areas of interest.



## **Implications of the Study**

**For practice.** This study's findings have implications for social workers and other professionals who work with transgender individuals and communities. A major implication for social work practice is that clinicians will better serve their trans clients by knowing transgender-specific local and online peer support and advocacy resources and to help transgender clients explore the value of community support from other transgender individuals as part of the treatment planning process.

Another implication for practice is the importance of cultivating more educational opportunities for transgender and gender non-conforming individuals to enter social work and other helping professions as providers. Three of the themes that emerged in this study 1) the importance of everyday transgender role models 2) empathy from shared experience and 3) giving support to others indicate that there is value in creating more opportunities for transgender individuals to serve and uplift their own communities through social work and other helping professions. This study's findings show the positive mutual impact that trans individuals may have by serving their own communities in both peer-based and professional support roles.

Additionally, findings from this study show the continued value of transgender individuals coming together to create spaces for community support and mutuality.

**For policy.** A major implication of this study is the importance of funding peer-based community support initiatives for transgender adults. Since study findings show an overall positive experience of community support from other transgender individuals, advocates and policymakers should consider the value of partnering with transgender peer support organizations to fund community-based interventions by and for transgender adults.

## **Recommendations for Future Research**

More research is needed to explore whether social capital helps mitigate the effects of discrimination and structural oppression in the transgender population.

Research that centers the experiences of transgender individuals with multiple marginalized identities, using the framework of intersectionality, is needed. Better outreach strategies to reach transgender individuals who are further marginalized within mainstream transgender communities, including transgender people color, low-income trans folks, male-to-female spectrum individuals, older transgender folks, trans folks impacted by ableism, and gender non-conforming, genderqueer, non-binary individuals, is needed.

More research is needed to examine the prevalence and impact of the “trans enough” narrative on individuals reaching out for community support from other transgender individuals and its effect on self-esteem, mental health, and gender identity exploration. Furthermore, given the dearth of literature by and for transgender populations, future research that utilizes participatory community-based action methods is needed.

A major strength of this study was the ways that transgender individuals naturally, through their narratives, are inclined to report a mirroring of support from other trans individuals and an experience of resilience. It seems that future research with transgender populations might look at lived experiences from a narrative lens, using strengths-based storytelling as a non-pathologizing way of centering the person as the expert in their own lives. Lastly, further research is needed to explore whether there is a relationship between “mirroring” and resilience, as these concepts may be related to trans individuals seeking community support from other trans individuals.

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## Appendix A



A poster for a 'TRANS RESEARCH STUDY'. The title is in large, bold, yellow-green letters. Below it, a list of identities is enclosed in a yellow-green box. To the right, two questions are posed in yellow-green text. In the center, a paragraph explains the study's purpose. To the right of this, a cluster of yellow-green and white dots is arranged in a grid-like pattern. At the bottom, contact information and a reward are listed in yellow-green text. The footer includes a statement of ethical approval, flanked by two pairs of yellow-green and white dots.

**TRANS RESEARCH STUDY**

- Transgender | Transexual  
MTF \ FTM Spectrum  
Genderqueer | Non-Binary  
Gender Non-Conforming

Are you Trans\*?  
Are you 18+ or older?

The purpose of this study is talk with trans\* adults about their awareness of the ways in which community support from other trans\* individuals might be related to resilience. If you qualify, you will be asked to participate in a 1-hour phone, Skype, or in-person interview.

Receive a \$5 Dunkin or Starbucks gift card  
Contact AJ at [amettthe@smith.edu](mailto:amettthe@smith.edu)  
or by phone at 508.261.2000

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee

## Appendix B

### Trans\* Research Study - Call for Participants

Dear friends and colleagues,

Hi! For those of you who don't know, I am working toward completing my Master's in Social Work (MSW) degree at Smith College School for Social Work in Northampton, Massachusetts. I am writing to ask for your help in spreading the word about participation in my current research project.

My research focuses on the experiences of transgender adults. **The purpose of this study is to collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience with their own resilience.** Please note that this study has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee.

I would love your participation if you 1) are trans\* 2) currently 18 years of age or older, speak and understand English, and live in the United States or Canada 3) are willing to meet with me in-person (central and eastern Massachusetts & Rhode Island), by phone, or Skype for a one-hour long audio-recorded interview. All participants will be provided with informed consent materials before the interview begins.

**If you are trans and interested or know of trans adults who you think might like to participate, please forward this email and attached flyer to them.** Please feel free to contact me directly with any questions you may have. Thank you in advance for your help in spreading the word about this study!

Sincerely,

AJ Metthe

MSW Candidate  
Smith College School of Social Work

Phone: [XXX-XXX-XXXX](tel:XXX-XXX-XXXX)

Email: [ametthe@smith.edu](mailto:ametthe@smith.edu)

Appendix C



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

January 11, 2016

AJ Metthe

Dear AJ,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Bruce Thompson, Research Advisor



**Agreement to Participate in a Research Study  
Smith College, Northampton, MA**

.....  
**Title of Study:** Resisting disconnection: An exploratory study about transgender adults' experiences of community support and resilience

**Study Format:** One-to-one interview lasting about 1 hour

**Researcher:** AJ Metthe, Smith College School for Social Work, XXX-XXX-XXXX,  
[XXXXXXXX@smith.edu](mailto:XXXXXXXX@smith.edu)

.....  
**The decision to join or not join this research study is your choice. Please read this form carefully and ask any questions that you may have before agreeing to be in this study.**

**Introduction**

This research focuses on the experiences of transgender adults living in the United States. **The purpose of this study is to collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience with their own resilience.** You were selected as a possible participant because you responded to my outreach and you have stated that you are both transgender and 18 years of age or older.

For the purposes of this study, *transgender* is a broad and inclusive term to describe any person who feels that their assigned sex at birth is an inaccurate description of their gender identity or expression and includes people who self-identify as trans, transsexual, male-to-female (MTF) spectrum, female-to-male (FTM) spectrum, gender nonconforming, genderqueer, or non-binary.

**Purpose of Study**

The purpose of this study is talk with transgender adults about their awareness of the ways in which community support from other transgender individuals might be related to resilience. Through the information collected in my in-person interview with you, I hope to determine ways that you make meaning of your connections with other transgender people and how these connections might be associated with resilience. The findings will be used to inform the ways social workers and other professionals can better partner with and serve the transgender community.

This study is being conducted as a thesis requirement for my master's in social work (MSW) degree at Smith College School for Social Work. Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

If you agree to be in this study, you will be asked to speak with the researcher either in-person, by phone, or on Google Hangouts/Skype for a one-time, one-to-one, digitally recorded interview. The interview will be approximately one-hour long. We will be talking in an open-ended way about how you think support from within the transgender community has helped you develop resilience.

In addition to the audio recording of the interview, the researcher will take hand written notes as necessary. Before the interview begins, the researcher will ask you to fill out a brief questionnaire that contains demographic questions, including: name, pronoun, age, race, ethnicity, sexual orientation, gender identity, annual household income, highest level of education completed, current relationship status, and religious affiliation.

### **Benefits of Being in the Study**

Potential benefits for you include voicing your personal experiences as a transgender adult and contributing to a body of knowledge about the transgender community.

### **Risks and Discomforts of Being in the Study**

The study has possible risks for participation. It is possible that your participation may spark uncomfortable feelings related to your experience as a transgender person and how society responds to your transgender identity. You may refuse to answer any question, and you can choose to stop the study at any time. If you choose to stop and withdraw from the study, all data related to you will be destroyed.

Attached to this informed consent document is a **Resources for Mental Health Support** list. In the case that you experience negative feelings or stress after being a part of this research study, I recommend reaching out to one of the resources listed for support.

### **Confidentiality**

The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password-protected file. The digital recording of your interview and any related researcher notes will only be accessible to me. I will not include any information in any report I may publish that would make it possible to identify you. The data will be kept for at least three years according to Federal regulations. They may be kept longer if still needed for research. After the three years, or whenever the data are no longer being used, all data will be destroyed.

### **Payments**

By participating in this study, you will be given a \$5.00 Dunkin Donuts or Starbucks gift card as token of appreciation for your time.

### **Right to Refuse or Withdraw**

The decision to participate in this study is entirely your choice. You may refuse to take part in the study *at any time* without affecting your relationship with the researcher of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to stop completely at any point during the study. If you choose to stop and withdraw from the study, the researcher will not use any of your information collected for this

study. If you choose to withdraw from this study, you must let me know by March 1, 2016. You may contact me at using the email or phone number listed at the top of this form.

### **Right to Ask Questions and Report Concerns**

You have the right to ask questions about this research study and to have those questions answered by the researcher before, during, or after the research. If you would like, a summary of the results of the study can be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, please contact me first at XXX-XXX-XXXX or by email at [amette@smith.edu](mailto:amette@smith.edu). You may also contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

### **Agreement/Consent**

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with a list of **Resources for Mental Health Support**.

.....

**I have been informed of the potential risks and benefits, and I agree to participate in this research study:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

## Resources for Mental Health Support

### Psychology Today Therapist Finder

1. Visit <https://therapists.psychologytoday.com/rms/>
2. Enter your local zip code
3. On the left hand side of the screen, you can choose to search by “transgender identity” so that therapists in your local area who have experience working with transgender people will be shown first.

### Trans Lifeline

Trans Lifeline is a national non-profit dedicated to the well being of transgender people. The organization runs a hotline staffed by transgender people for transgender people.

Trans Lifeline can be accessed free of charge by calling 1-877-565-8860 or online at [www.translifeline.org](http://www.translifeline.org).





**Agreement to Participate in a Research Study  
Smith College, Northampton, MA**

.....  
**Title of Study:** Resisting disconnection: An exploratory study about transgender adults' experiences of community support and resilience

**Study Format:** Focus Group on Thursday, January 21, 2016

**Researcher:** AJ Metthe, Smith College School for Social Work, XXX-XXX-XXXX,  
[XXXXXXXX@smith.edu](mailto:XXXXXXXX@smith.edu)

.....  
**The decision to join or not join this research study is up to you. Please read this form carefully and ask any questions that you may have before agreeing to be in this study.**

**Introduction**

This research focuses on the experiences of transgender adults living in the United States. **The purpose of this study is to collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience with their own resilience.** You were selected as a possible participant because you responded to my outreach and you have stated that you are both transgender and 18 years of age or older.

For the purposes of this study, *transgender* is a broad and inclusive term to describe any person who feels that their assigned sex at birth is an inaccurate description of their gender identity or expression and includes people who self-identify as trans, transsexual, male-to-female (MTF) spectrum, female-to-male (FTM) spectrum, gender nonconforming, genderqueer, or non-binary.

**Purpose of Study**

The purpose of this study is talk with transgender adults about their awareness of the ways in which community support from other transgender individuals might be related to resilience. Through the information collected in the focus group, I hope to determine ways that you make meaning of your connections with other transgender people and how these connections might be associated with resilience. The findings will be used to inform the ways social workers and other professionals can better partner with and serve the transgender community.

This study is being conducted as a thesis requirement for my master's in social work (MSW) degree at Smith College School for Social Work. Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

If you agree to be in this study, you will be asked to participate in a one-time audiotaped focus group with other transgender adults. The focus group will be approximately one-hour long. We will be talking in an open-ended way about how you think support from within the transgender community has helped you develop resilience.

In addition to the audio recording of the focus group, the researcher will take hand written notes as necessary. Before the focus group begins, the researcher will ask you to fill out a brief survey that contains demographic questions, including: name, pronoun, age, race, ethnicity, sexual orientation, gender identity, annual household income, highest level of education completed, current relationship status, and religious affiliation.

### **Benefits of Being in the Study**

Potential benefits for to you include voicing your personal experiences as a transgender adult and contributing to a body of knowledge about the transgender community. In addition, the focus group format will allow you to learn from and received support from other participants in the group.

### **Risks and Discomforts of Being in the Study**

The study has possible risks for participation. It is possible that your participation may spark uncomfortable feelings related to your experience as a transgender person and how society responds to your transgender identity. You may refuse to answer any question, and you can choose to stop the study at any time. If you choose to stop and withdraw from the study, all data related to you will be destroyed.

Attached to this informed consent document is a **Resources for Mental Health Support** list. In the case that you experience negative feelings or stress after being a part of this research study, I recommend reaching out to one of the resources listed for support.

### **Confidentiality**

While this researcher will keep the information collected during the focus group confidential, please note that participation in a focus group is not confidential. Other focus group participants will know your identity and what you say in the group. At the start of the focus group, you will be asked not to share what is said in the group with people outside of the group.

This researcher's records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password-protected file. The audio recording of your interview and of the focus group and any related researcher notes will only be accessible to me. I will not include any information in any report I may publish that would make it possible to identify you. The data will be kept for at least three years according to Federal regulations. They may be kept longer if still needed for research. After the three years, or whenever the data are no longer being used, all data will be destroyed.

### **Payments**

There are no payments for participation in this study. Refreshments will be provided during the focus group.

### **Right to Refuse or Withdraw**

The decision to participate in this study is entirely your choice. You may refuse to take part in the study *at any time* without affecting your relationship with the researcher of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to

services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to stop completely at any point during the study. If you choose to stop and withdraw from the study, the researcher will not use any of your information collected for this study. If you choose to withdraw from this study, you must let me know by February 1, 2016. You may contact me at using the email or phone number listed at the top of this form.

### **Right to Ask Questions and Report Concerns**

You have the right to ask questions about this research study and to have those questions answered by the researcher before, during, or after the research. If you would like, a summary of the results of the study can be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, please contact me first at XXX-XXX-XXXX or by email at [amette@smith.edu](mailto:amette@smith.edu). You may also contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

### **Consent**

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with a list of **Resources for Mental Health Support**.

.....

**I have been informed of the potential risks and benefits, and I agree to participate in this research study:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

## Resources for Mental Health Support

### Psychology Today Therapist Finder

1. Visit <https://therapists.psychologytoday.com/rms/>
2. Enter your local zip code
3. On the left hand side of the screen, you can choose to search by “transgender identity” so that therapists in your local area who have experience working with transgender people will be shown first.

### Trans Lifeline

Trans Lifeline is a national non-profit dedicated to the well being of transgender people. The organization runs a hotline staffed by transgender people for transgender people.

Trans Lifeline can be accessed free of charge by calling 1-877-565-8860 or online at [www.translifeline.org](http://www.translifeline.org).

## Appendix F

### DEMOGRAPHIC QUESTIONNAIRE

Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Age: \_\_\_\_\_

Email: \_\_\_\_\_

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_

Gender Identity:

- ☐ Trans
- ☐ Transsexual
- ☐ Male-to-female (MTF) spectrum
- ☐ Female-to-male (FTM) spectrum
- ☐ Gender non-conforming
- ☐ Genderqueer
- ☐ Non-binary
- ☐ Other: \_\_\_\_\_

Do you live in your self-identified gender full-time?

- ☐ Yes
- ☐ No

Annual household income (approximate for the past twelve months):

- ☐ Less than \$10,000
- ☐ \$10,001 - \$30,000
- ☐ \$30,001 - \$50,000
- ☐ \$50,001 - \$70,000
- ☐ \$70,001 - \$90,000
- ☐ More than \$90,000
- ☐ I prefer not to disclose

Highest level of education completed:

- ☐ Some high school
- ☐ High school graduate or equivalency
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree or higher

Occupation: \_\_\_\_\_

Are you a full-time student?

- ☐ Yes
- ☐ No

Relationship status:

- ☐ Single
- ☐ Partnered
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Other: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

- ☐ No religious affiliation

***Thank you for filling out this questionnaire.  
Please hand directly to researcher or email  
completed form to ametthe@smith.edu.***

## Appendix G

### Conference Proposal

Submitted November 8, 2015

### Focus Group: Community Support Amongst Transgender Adults

This focus group is about the experiences of transgender adults living in the United States. **The purpose of this study is to collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience with their own resilience.** If you a transgender\* individual who is 18 years of age or older and would like to participate in a focus group at the conference to discuss this topic with other transgender adults, please contact me at XXXXXXXX@smith.edu or by phone at XXX-XXX-XXXX. Potential focus group participants will be asked a few screening questions and provided with informed consent forms to fill out and sign prior to the start of the focus group. The informed consent process will outline confidentiality, risks, and benefits of the study. There will be no monetary compensation for study participants. Free refreshments and snacks will be provided. This study is being conducted as a thesis requirement for my master's in social work (MSW) degree at Smith College School for Social Work.

\*For the purposes of this study, the term transgender is a broad and inclusive term to describe any person who feels that their assigned sex at birth is an inaccurate description of their gender identity or expression and includes people who self-identify as trans, transsexual, male-to-female (MTF) spectrum, female-to-male (FTM) spectrum, gender nonconforming, genderqueer, or non-binary.

## Appendix H

### **Semi-Structured Interview Guide**

**Interviewer:** Thank you for participating in this study today. Remember that the purpose of this study is to **collect narrative data from transgender adults about their experience of community support from other transgender individuals and about their experience with their own resilience.**

**Interviewer:** I would like to begin by offering a definition of resilience. For the purposes of this study, the term *resilience* is defined as, “the ability to connect, reconnect, and resist disconnection in response to hardships, adversities, trauma, and alienating social/cultural practices” (Hartling, 2008, p.56).

**Interviewer:**

- 1) What does the word community mean to you?
- 2) Do you consider yourself to be connected the larger transgender community or communities? If yes, how so? If no, how come?
- 3) What are some of the informal or casual ways you know and interact with other transgender people?
- 4) Have you ever had the experience of securing needed resources, such as medical care, legal help, job opportunities, shelter, etc., as a result of knowing another transgender person?
- 5) Have you ever participated in transgender peer support groups or social groups? If yes, please tell me about your experiences in these groups.
- 6) Have you ever been to a transgender conference? If yes, what was that experience like for you?
- 7) What is your experience of connecting with other transgender people online?
- 8) Do you think of yourself as a resilient person? If so, in what ways?
- 9) In what ways have your connections to other transgender people impacted your life?